

THE PRINCIPLES AND AIMS OF  
CRIMINAL PSYCHOPATHOLOGY

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Criminal Psychopathology, as a definitive scientific discipline, is still in the making. Its domain has never been clearly defined, its subject matter is still of much dispute, its contributions still amorphous and inchoate. What it takes from other scientific disciplines dealing with criminality and psychopathology, and what in return it contributes to these, is still a problem that awaits clarification and solution. Though there are cross-currents and under-currents and some conflicting views, there is as yet no movement that might be said to represent it. Under such circumstances, it is only proper to state that the views herein expressed are wholly of the author, not at all opinions of a body or a group of people; they are the views of an individual who fortuitously happened to be working with this type of human material for some twenty years under circumstances which, through the generous support and encouragement of the late Dr. Wm. A. White, himself a pioneer in the field, permitted a free and unrestricted study and utilization of this type of human material.

#### I. RELATION TO OTHER DISCIPLINES

There are several scientific disciplines which in one way or another have attempted to deal with criminality, and which, therefore, Criminal Psychopathology stands, at least historically, in close relation. Only the more prominent among these may be mentioned, namely, Criminology, Psychology, Anthropology, and Law. To all these it must acknowledge only a historic, but hardly a developmental and genetic, relationship. From *Criminology*, it has little to borrow but much to negate. Where Criminology emphasizes, in the main, mass studies, Criminal Psychopathology must perforce emphasize the individual aspect. Criminology has piled up statistics upon statistics to show the contribution geographic, racial, economic, general social and other factors make to crime, but not a clue as to individual causation. Even the more modern Criminology, which, at least superficially, has not escaped the influence of Psychopathology and is willing to put some emphasis on the individual, still studies him at a superficial, descriptive level, and as fundamentally but a fraction of a total mass. It still speaks of "delinquent" areas, which is as reasonable a contribution to the understanding of criminality as Fifth Avenue to the understanding of American upper classes, and Wall Street to the understanding of American finance. Business men have to have a center for their ac-

tivities; they have created Wall Street, and not otherwise. Criminals too must have their centers with an atmosphere all its own; they gravitate to certain locales and thus create a delinquent area, and not the reverse. A janitor on Fifth Avenue, even if he lives there a lifetime, does not thereby become an aristocrat; and there are many individuals born in delinquent areas, who never become criminals, this even as concerning two brothers in the same family, one of whom becomes criminal while the other develops into a solid respectable citizen. Why? To this Criminology gives no answer. There is here obviously a failure to understand that over and above the gross environmental influences which undeniably have their place in the etiology of criminal behavior, there are minute and subtle family and social influences, which must escape entirely the consideration of the criminologist by the methods and approach he uses, but which can only be reached through the highly individualistic and minute approach of the Criminal Psychopathologist.

Criminal Psychopathology must view academic *Psychology* as equally static in the study and understanding of criminality. For generations and to date its entire contribution has been toward the study of the mental character of the so-called criminal, or rather the convict. Studies upon studies have come out showing the presumed relation between mental level and criminality. At one time, mental defectives carried the burden and the stigma of criminal misconduct; later, it was the clever crook, the educated robber, the elegant scoundrel who carried the brunt of the accusations. But neither in one nor in the other type of study was there the least clue as to the emotional life of the subject in question. That intelligence as such is not a specific factor in the etiology of crime is evident from the fact that the distribution of intelligence among criminals, if the statistical study is comprehensive enough, is shown not to vary essentially from the general population. Even on clinical observation, if one has studied sufficient numbers of criminals, the impression is inescapable that they are at least of good average intelligence. One sometimes marvels at the great ingenuity shown by many of them, ingenuity that often excels the best that a warden and guard may offer. To be sure, intelligence is used in the commission of crime, but only as a means to accomplish a desired end, a goal that is however emotionally determined. Psychology has thus missed the point completely when it stressed the mental aspect to the

almost complete exclusion of the emotional and the psychic aspects. Criminal Psychopathology, by stressing the point that criminality is expressive of a particular disturbed emotional state of some unconscious conflict of which criminality is only a symptomatic expression, comes much closer to a more basic understanding of the problem.

From the time of Lombroso particularly, Physical *Anthropology* has offered its own approach by emphasizing the constitutional aspects of criminality. It had little of actual science to offer; but its conclusions were spectacular if nothing else. The whole concept is now more or less a matter of history, though every now and then it re-appears on our horizon somewhat re-dressed, as in the recent work of Hooton. More careful studies in the field, as of Goring, that take into consideration more than one aspect of the situation, have completely negated the earlier studies. There is no reason why it should be otherwise. In mass studies of any kind, be it in Criminology, Psychology or Anthropology, many individual factors, and more particularly, individual differences, otherwise of utmost significance, are bound to escape the attention of the investigator, especially if he looks only for the gross and obvious factors, accepts unqualifiedly the conscious aspects of human behavior, while disregarding from the beginning the role of psychic, especially unconscious, factors.

That *Law*, which was originally designed to curb crime, has all too often of itself become a factor in crime causation, is a matter that appears now to have been established beyond any peradventure of doubt. Admittedly, it is a difficult matter to determine how much punishment a man can take with equanimity and a consciousness that he deserves it, and when it is otherwise and therefore more likely to arouse in him anger and revenge. But that in an all too large number of cases, criminals carry in them a great deal of hostility against society, hostility that leads only to further aggressive criminal acts, is a fact that can be verified even on superficial study of criminals. Unwise and unjust laws are prolific sources of illegitimate activities, as the enactment of the Volstead and Harrison Laws has so clearly shown. Partiality and unfair discrimination in sentences, punishing the innocent and allowing the guilty ones to escape, the all pervasive entangling alliances between crime, politics, and police, are equally productive of much of anti-social behavior. Above all, Law goes on the assumption that



punishment is a deterrent of crime, an assumption which has never been proven; indeed, all evidence points to the contrary.

To sum up, neither Criminology nor Anthropology, nor Psychology nor Law have contributed in any significant manner to our understanding of crime. By emphasizing the mass aspect of the situation, whether in social-legal or anthropologic and psychologic sense, they have failed to appreciate the significance of the personality background and the individual and emotional aspects of the situation.

## II. RELATION TO PSYCHIATRY

It is humanly understandable and forgivable that the above mentioned disciplines should miss the essential aspect of criminality, the emphasis on the individualization. After all, their entire background is that of dealing with mass reactions; and that they carried that principle to the study of criminality is easily understandable. If, here and there, an individual anthropologist became interested in criminals, it was all well and good and entirely a part of General Anthropology; for Criminal Anthropology as a separate discipline does not exist. The same is true of Sociology. To date, with but few exceptions, Criminology is but a mere appendix, a subdivision of Sociology. There are as yet very few university chairs in Criminology and the number of graduate students who major in Criminology is very small indeed. Academic Psychology could hardly be expected to do more and differently for the criminal than it offered for the normal; since its major, if not entire, interest lay in the study of intellectual functions, it carried this over to the criminal; by presumption, people are criminals because their mental functions differ, though it has never been able to offer anything definite about such differences. And, finally, if Law could see only the deed and not the man behind the deed, and regarded the criminal deed as a result of conscious and willful deliberation, it, after all, was only expressing the generally prevalent idea. The most representative Law Schools in the United States do not teach Psychiatry. Criminal Psychopathology has thus before it the large task of doing an immense amount of missionary work in the above mentioned disciplines, for their entire background and traditions are against the basic tenets of Criminal Psychopathology: its emphasis on the individual and not on the mass, on the doer and not on the deed, on basic motives rather

than explanations and rationalizations, an appreciation of the role of emotions in our life, especially at the unconscious level, as basic etiologic factors in the production of crime, and as corollaries to these, an entirely different approach to the problem of right and wrong, guilt and innocence, of responsibility, of confinement and punishment, etc.

But what are we to say of a discipline that has always dealt with individual human material and thus had a most favorable opportunity for studying criminal material in a manner as emphasized by Criminal Psychopathology, yet failed almost completely to take advantage of such an opportunity? Odd as it may seem, Criminal Psychopathology must fight another long battle on a front which some would regard as entirely its own. Conventional *Psychiatry* still moves at the descriptive level, as yet unwilling to accept and absorb the more dynamic teachings that are subsumed under the heading of Psychopathology and Psychogenetics. It is difficult to believe that in this day and age, there are psychiatrists who have missed so completely the import of the more progressive advances in medicine and science; who see in the behavior of individuals, criminals and non-criminals, as deliberately chosen, conscious, willful acts but cannot see motives; who have neither grasped, nor seemingly are constitutionally able to grasp, the meaning of unconscious motivations. They see the criminal eye to eye with the lawyer, as a vicious individual for whom the only treatment is punishment. Our court records are full of the testimony such individuals have given in criminal trials, that this or that man knew the nature of the act knew the difference between right and wrong, when a little reflection would show that merely knowing the nature of the act intellectually does not at all mean that the individual absorbed it emotionally; that an individual may know right from wrong in a conventional sense, but is wholly unable to choose it emotionally. And how can an individual know right from wrong when he does not know the difference between reality and phantasy.

### III. RELATION TO GENERAL PSYCHOPATHOLOGY

It is otherwise however as to its relation to General Psychopathology. Criminal Psychopathology is not only a direct descendant of the latter, but of the same flesh and blood, and subscribes itself virtually to all its tenets. To understand that one must go back into the

history of Psychiatry. For many years and long before the advent of the more modern concepts, psychiatrists have frequently been confronted with all too numerous instances of a seemingly close relationship between crime and insanity. Even without direct statistical studies it seemed quite evident that as a particular social group, the insane were contributing a much larger proportion of crime than a numerically equally large group from the general population. The McNaghten case, now nearly a century old, was a milestone in that it established the precept and precedent that an individual committing a crime because of insanity cannot be held responsible for such offense. He cannot be convicted because the act appeared clearly the result of a wholly irresistible and uncontrollable impulse, the consequence of a mind insane. He could not be tried, further, because lack of judgment does not allow him to defend himself or choose proper counsel in defense, and he cannot be found guilty, because, again for reasons of insanity, he does not know the difference between right and wrong. It was further noticed, both through observation and study, that criminals as a group were subject to development of insanity with far greater frequency than the normal population, in proportion of 10 to 1, as some studies indicate. Thus from two sides and two extremes, there has come about a clear recognition that an intimate relationship existed between crime and insanity, but many years were yet to pass before a clearer conception of the meaning of the relationship could be advanced. This was then the field and the day of the Alienist, of Forensic or Medico-legal Psychiatry, of the expert witness, still entirely at the descriptive level.

The rise of various schools of Psychopathology, more especially the advent almost simultaneously of the studies and teachings of Janet and Freud, has served as a tremendous stimulus for descriptive Psychiatry, which was to be dominated for some time by the teachings of Kahlbaum and Kraepelin. One finds but little description of criminals or discussion of criminality in the works of Janet. His case material is peopled in the main with neurotics and to a lesser extent with psychotics, all with a hypertrophied moral sense. But the principle of dissociation and other concepts advanced by Janet and his school have been used by others to explain criminal behavior. It remained, however, for the psychoanalytic school, probing at much deeper level, to uncover some rather remarkable psychic situations. Strange as it seemed,

(for who could have suspected the straight-laced and highly moral neurotic?) neuroses turned out to be expressive of a conflict between crude instinctive drives that demanded unhindered and uninhibited expression, and the tremendous pressure that society offered in the way of fulfillment of such desires, which it regarded as anti-social and criminal. The neurotic was thus a cryptic criminal, who did not have the courage to commit the crime and in whom the fear of consequences led to a compromise or rather a truce; society has won the war, but at a great cost to the individual. He remained a good moral citizen, but at the price of developing a neurosis. Depressions, it turned out, were reactions to an inability to commit murder. Neurosis was the neurotic's method of protecting himself from committing a crime. If now the neurotic was fundamentally a criminal without the courage to commit a crime, who was the criminal? The answer that followed seemed rather simple. The criminal was presumably an individual in whom either the instincts were stronger, or the moral fiber weaker and less in control. That however was yet to be proven. At any rate the gap in our understanding between crime and insanity was being filled.

With such knowledge gained, it was not surprising, on further tinged with criminality was their entire unconscious mental life. studying the mental life of neurotics, to discover how thoroughly not only in dreams but in waking phantasies as well, their mind seemed to dwell on criminal acts, that were not, however, permitted to come to the surface. Whatever he may have been inwardly, and however he may have suffered personally, socially he remained innocuous, a good citizen. And that was important. But every now and then the barriers and defenses erected by the individual neurotic were proving inadequate to the tremendous pressure from below. Weakened, the dam broke and there was an overflow of instinctive energy into socially prohibited channels, and a criminal act was committed. (The breaking through of the unconscious.) For a moment the instinct got the upper hand at the expense of the moral ego, and the neurotic turned anti-social. It is particularly from such considerations as these that the justification for regarding criminality as but a form of a neurosis was derived. Thousands upon thousands of such "criminals" fill at present our jails and penitentiaries, our reformatories and other penal institutions, which does not touch the problem at all, for these individuals are psychically sick and what they need is treatment and not punishment. Even more

than the judge, jury and society, these individuals are most anxious to be rid of impulses in the grip of which they find themselves helpless.

With such larger understanding, it seemed entirely logical and reasonable to pursue the train of thought further on. We have already learned that crime may flow out of undoubted and clearly recognized insanity; it may also flow out of certain neurotic reactions—an extension of the principle we have learned about psychoses for some neuroses. May not, however, neuroses contribute more of their share of criminality than heretofore supposed? May not many criminals, certainly some criminals who are not insane, be suffering from neuroses which drive them on to commission of crime in much the same sense as psychotic states drive other individuals to commission of crime? Criminal Psychopathology finds much favor with such a view and its energies are at present bent in that direction.

Thus the enlightening conclusion has been arrived at, namely, that basically, criminality is but a symptom of insanity, using the term in its widest generic sense to express unacceptable social behavior based on unconscious motivation flowing out from a disturbed instinctive and emotional life, whether this appears in frank psychoses or in less obvious form, in neuroses and unrecognized psychoses. The conclusion is having far reaching, even revolutionary, effects. If criminals are products of early environmental influences in the same sense as psychoses and neuroses are, then, indeed, it should be possible to reach them psychotherapeutically. Though in this respect, only a bare beginning has been made, the results are most encouraging, for criminals have actually been cured by psychotherapeutic means, often when other means have completely failed.

#### IV. CRIMINAL PSYCHOPATHOLOGY AND PSYCHIATRIC NOSOLOGY

In the preceding chapters an attempt was made to relate Criminal Psychopathology to other disciplines studying the same problems, as well as outlining the development of its main concepts. We shall now attempt to make a brief inventory of what Criminal Psychopathology has so far gathered in the way of understanding criminal behavior. The material, it must be admitted, is as yet rather inchoate and widely scattered, with many gaps and confusing concepts that are still to be filled and clarified. Though it is the author's belief that Criminal Psychopathology will eventually have to dispense with the conventional



psychiatric approaches, in order to meet the reader on the same plane, he will attempt a discussion of the problems within the confines of commonly accepted psychiatric nosology, though, of course, from the standpoint of Criminal Psychopathology proper.

### 1. *Mental Deficiencies*

With regard to the contribution of *Mental Deficiency* to crime, there exist many misconceptions, and much work will be necessary to clear these up and fill the gaps. It is commonly believed that mental defectives commit crimes more often than criminals recruited from other groups of population; that their reasons for committing crimes are equally different from those of other types of criminals, essentially and presumably because they don't know any better, their meager intelligence being a handicap rather than a guide as it is in people of superior intelligence. These conceptions seem to be wholly mistaken ones. Mental defectives probably do not commit crimes more often than other groups in proportion; their seeming preponderance in our prisons, if such be the case, is due to the fact that they get caught more often and escape less frequently than others. The fact that people of superior intelligence often commit crimes, the good intelligence somehow being used to help to commit such crimes and not to avoid it, has apparently escaped the insight of those who hold the other opinion. Intelligence is no factor in commission of crimes, though one must have some intelligence to commit crimes. Idiots and the lower grade of imbeciles are not known to commit planned crimes. One has to reach a level of an I. Q. of about 40 before the individual commits a crime. Nor are mental defectives given to commission of only certain types of crimes. Mental defectives commit as wide a variety of crimes and for the same basic reasons and motives that people of better intelligence commit crimes and the motives are emotional. The lower intelligence plays here only the role of a secondary factor. But above all and what is little appreciated is that mental defectives have an emotional life of their own, the knowledge of which is basic for the understanding of mental defectives in general and criminal defectives in particular. The lower intelligence often puts an individual at a great disadvantage in relation to the environment, resulting in emotional conflicts that may lead to crime; here mental deficiency plays the same role as any other physical disability may play. A mental defective child often does not get along with his siblings, which



leads to a greater tenderness on the part of the family, parental over-protection and emotional dependence; in school, he is often teased by his playmates, which at first leads to compensatory belligerence and that failing, to social withdrawal, escapes from reality, and compensatory phantasy absorption. We have here thus a complete foundation for a neurosis. With some mental defectives, as it is with more intelligent individuals, criminality often represents either a protest against the social pressure or an escape from the neurosis. His criminality thus being emotionally conditioned, he is basically a neurotic criminal, even though mentally he is a defective.

It is unfortunate that beyond generalities we know so very little about the instinctive and emotional life of mental defectives. In the entire 600 pages of Tredgold's book on Mental Deficiency, I was able to find only two pages devoted to the emotional life of the mental defective. It shall be one of the major tasks of Criminal Psychopathology to encourage the vigorous prosecution of research into the instinctive and emotional life of mental defectives.

Branham's study <sup>(1)</sup> is one of the finest in the field and suggests the approach that should be followed in future research.

## 2. ~~Neuroses~~ Psychoses

When we come to the problem of *Psychoses* and their contribution to crime, we come to an uncharted region and an ignorance that is almost abysmal. Ask the average psychiatrist about the contribution that paranoia or dementia praecox make to crime, and universally the answer will not go beyond the statement that the paranoiac or paranoid praecox is sometimes arrested on charge of murder or assault with intent to kill. In point of fact, however, catatonics often commit murders of even greater brutality. Further, there is no offense or law violation in the calendar of crime that a paranoiac or a praecox may not be guilty of. Bigamy and forgery, rape and larceny, obscene letter writing and counterfeiting, vagabondage and piracy, begging, fraud, threats, drug violations, post office robberies, and what not, are all found in the repertoire. Large numbers of hebephrenics and simple praecox are found in our prison population, but here as elsewhere, case material that will

<sup>(1)</sup> BRANHAM, V. C. The Classification and Treatment of the Defective Delinquent. *The Journal of Law and Criminology*. Vol. XVII, No. 2, August, 1926.

give us more than merely a bird's eye view, is almost completely lacking. There is a possibility that different sub-types of praecox are inclined to different types of crimes, but we know practically nothing about it. On superficial study, the criminal praecox does not seem to differ from the non-criminal praecox, yet a difference there must be, but again we know nothing about it. If all this is true of the frank praecox, it is still more true of the unrecognized praecox, many of whom fill our prisons, instead of being in a psychiatric institution where they should be.

In the *Manic Depressive Psychoses* we also find a wide spread of criminal offenses, though I am impressed that sexual offenses as such are lacking or at least not conspicuous. However, a larger longitudinal study may show it different. We are accustomed to associate brutal crimes with *Epilepsy*, but these are only the most conspicuous ones; many other crimes are found among them. The same is true of alcoholics and alcoholic psychoses. *General Paresis* is usually not regarded as leading to criminal activities, but that is only because the criminal acts of these patients are often minor and petty and usually disregarded. However, they may commit some very serious crimes as well. In *Arterio-scleratic Psychoses* one may find any type of crime committed. Predatory crimes are not at all infrequent; sexual offenses appear with considerable frequency. The most frequent type of crime in *Senile Dementia* is paedophilia or some other sexual transgression, expressive of a regression to an earlier level. Sexual offenses, especially rape, are frequently associated with *Encephalitis Lethargica*, but predatory crimes are also not uncommon.

### 3. *Psychoses. Neuroses*

When we come to *Neuroses* and *Psychoneuroses* we are confronted with a basic difficulty in diagnosis. It is rarely that officially the hospital diagnosis of a psychoneurotic who commits a crime would be psychoneurosis; better than nine times out of ten the diagnosis is likely to be psychopathic personality; this even when psychoneurotic features are quite prominent, and psychopathic features beyond the particular criminal act are lacking. It goes on the assumption that anyone who commits a crime, if he is not obviously psychotic or mental defective, must be a psychopathic personality, since neurotics (one

might say by definition) do not commit crimes. Here the premise is obviously wrong. Neurotics, and many of them, do commit crimes. I have had an opportunity to study and analyze a considerable number of so-called psychopathic personalities and in the greater majority of cases I have been able to trace their anti-social behavior to definite psychogenetic situations, and they were cured when the emotional difficulties were analytically resolved. The few remaining in whom psychogenic motives were not demonstrable and who were not analyzable were the true *Psychopathic Personalities*.

The breaking through of the unconscious, whereby criminal phantasies realize themselves in criminal deeds, has already been mentioned. Since such process is likely to occur in any neurosis, it follows that criminal reactions may occur in any neurosis. And that is true and can be observed and verified by any one who can see beyond diagnostic labels and is willing to search for mechanisms and processes. I have known hysterics to commit thefts, forgeries, fraud, embezzlement, and all the way through to robbery and murder. These are the frank neuroses, with anxieties and depressions of all sorts being predominant. To be included here are the epileptics of the non-psychotic type. But even cases of habitual criminality wherein traditionally one does not expect to find anything but psychopathy, analytic scrutiny often reveals the presence of distinct psychogenic motives. The writer does not feel that his experience is exceptional and that a wider study by other workers in the field of habitual criminality will reveal it to be in a majority of cases a highly specific form of a neurosis which has to be handled psychotherapeutically. Criminality is basically an extra-legal problem.

The greater number of sexual offenders belong to the (paraphiliac) neuroses and they are neuroses if measured by standards of dynamic psychiatry; they too can be cured and have been cured, which further proves their psychogenic nature. The group of neuroses that furnishes the smallest contribution to crime are the compulsion neuroses. This is quite understandable, for the overwhelming sense of guilt restricts their activities and does not allow transgressions.

Though psychotic criminals are more conspicuous, because the presenting symptoms are more frank, it is the writer's opinion that the neurotic criminal far outnumbers the psychotic criminal. In line with the reasoning advanced, the concept of neuroses will have to be enlarg-

ed. Conventional Psychiatry limits the concept of neuroses to frank hysterical manifestations, to obvious hypochondriacal, neurasthenic and psychasthenic states. That, however, seems to cover but a fraction of the vast field, a field much larger than that of psychoses. It is necessary to include here in addition to hysterics the large field of paraphilias (perversions), for these have now been shown to have all the earmarks of neuroses, and like neuroses amenable to psychotherapeutic encroachments. Frank homosexuality, cases of exhibitionism and peeping, of paedophilia and compulsive rape have been cured by psychotherapy, thus proving their essentially neurotic character. Conventional Psychiatry still groups it with Psychopathic Personalities, but there is all justification to remove the paraphilias from the group of Psychopathies and place it in the neuroses. The next step will be to re-define and more clearly delimit our concept of Psychopathy.

#### *4. Psychopathy and the Mental Diseases*

My conception of *Psychopathy* is much more limited, though at the same time, more definitive. Psychopathy, in my view, is a very specific mental disease, as distinct from neuroses as neuroses are distinct from psychoses and equally distinct from the two. But as presently used, it is the one large waste basket of Psychiatry into which are indiscriminately thrown all sorts of conditions that fundamentally have little in common with each other, and much in difference. The confusion arises, no doubt, from the fact that the term is used in a number of meanings, especially in both generic and specific senses. The adjective "psychopathic" is commonly used to denote any mental abnormality that is otherwise not specifically limited. The early praecox, the abortive manic, or the larval and not fully developed neurosis are often put in the psychopathies, though later on these come to full reactions as frank psychoses and neuroses. Furthermore, the term "psychopathic" is also frequently used to denote anti-social behavior. It is particularly used with reference to criminals. Let institutional psychiatrists be presented with a case of an individual who is guilty of some breach of social discipline and the prefix "psychopathic" is quite certain to be attached to him. Here, obviously, the term "psychopathic" is merely used as a synonym for anti-social and is over-specific. For actual usage it has other meanings as well and it is therefore necessary to determine other behavior trends that are taken to be characteristic of the reaction.

It is inconsistent with medical practice that a single symptom should determine the entire diagnosis.

Over and over one sees individuals who as a part of the oncoming manic attack become involved in minor social difficulties; if, as it often happens, the attack does not come to full development, being arrested at an early stage, such individuals are diagnosed as "psychopathic personality without psychoses." A few months later the same individual may go through a full-fledged manic attack, when he is diagnosed as such. What was it, then, psychopathy or cyclothymia? Obviously the latter, and there is no justification to diagnose the condition as psychopathic when at best the social involvement was a part of something else. One may submit here as a general thesis, that any behavior, be it criminal or otherwise entirely harmless socially that is a result of or flows out of (unconscious) psychogenic difficulties belongs to neuroses or psychoses, and not to psychopathies. Let us take further the instance of an individual who comes to the attention of the police because of expressing vague ideas about redemption, helping the president to run the country, *etc.*, nothing more tangible than that can be elicited from him. Such an individual too is diagnosed as a "Psychopathic personality without psychoses" and discharged as having no place in a psychiatric institution. A few months later he is admitted to another institution as a typical case of a paranoid praecox with florid compensatory delusions. Were we dealing here from the beginning with a psychopathic personality or a praecox? Obviously the latter is the case and the first diagnosis was unjustified. In both of the instances cited the diagnosis of "Undiagnosed or unrecognized reaction type," would have been much more preferable. In either type of case, little justification is seen for the use of the term psychopathic on no other basis and for no other reason than the individual got himself involved with Law in a minor way, or was a social nuisance. Here the use of the term is altogether too general, I would say, too generous.

Again, in all too many instances one sees individuals exhibiting typical depressions or anxieties which in the ordinary course of events would have been diagnosed as neuroses, yet because they incidentally become involved in some social transgression they are promptly diagnosed as psychopathic personality without psychosis. But nowhere is this term psychopathic personality so misleading as in the cases of sexual offenses. Individuals guilty of such offenses have not only been

shown to have neuroses, but what is more important, the sexual offenses were shown to be flowing out directly and immediately from such neuroses. And these offenses, like exhibitionism and peeping, paedophilia, transvestism, *etc.*, have been treated and cured by psychotherapy, as the result of which the individual ceased to indulge in this form of behavior. The reaction is no more psychotic than any other neurotic reaction. The institutional psychiatrist, who sees twenty psychoses to one of neuroses, is more likely to put a not fully developed neurosis into the group of psychoses. Where hospital statistics usually show from 3 to 5% as group under Neuroses, my own figures are that at least 10% of our hospital population are neurotics of all sorts. The relative lack of experience with neuroses and the heavier emphasis on psychoses has led the institutional psychiatrist to a very limited and very restricted conception of neuroses and an all too wide conception of psychoses. Not infrequently a neurotic depression is diagnosed as a manic depression; if the individual expresses grievances that are based, however, on actual situations, he is likely to be put into the paranoid group, *etc.*, *etc.*

From the above examples it is clear that it is only the lack of diagnostic acumen on our part plus perhaps lack of adequate anamnestic data that leads us so frequently into the mistaken diagnosis of psychopathic personality when what we are dealing with is something quite different. No wonder, then, that this diagnosis has become an unwieldy mass. Only a greater refinement in our diagnostic acumen, based on studies of explicit case material, will eventually get us to a clearer appreciation of the problem of psychopathic personalities.

#### *5. Psychopathy as a Specific Mental Disease*

If now we remove from the group of psychopathic personalities the unrecognized psychoses, the multitude of larval and abortive neuroses, the epileptoid reactions that are not so clear-cut, the thousands upon thousands of individuals who get themselves involved in all sorts of anti-social behavior for obvious or deep-seated psychogenic motives, there remains a rather small group to which the term psychopathy may properly be applied. This condition is viewed here as a distinct mental disease. Its main characteristics lie in the very peculiar personality make-up of the individual, so strikingly different from all others when



the total personality is taken into consideration. The psychiatrists of old have spoken of this as "moral insanity," or "moral idiocy," meaning by that that an individual peculiarly lacked moral fiber in the same sense as the mental defective is lacking intelligence. In this these psychiatrists were in the main right. But the lack of so-called "moral fiber," however conspicuous, is not its only feature. What stands out so conspicuously and in the center of the picture is the utter and complete selfishness of these individuals. It is something more than mere egoism in the commonly accepted sense of the term which does not cover it at all. It is a selfishness of a primitive, even savage kind that entertains no consideration for the interests of others. They do not hesitate to subject a person to all sorts of inconveniences, even sacrifices, if they themselves get just a little something out of it. Forever and everywhere they are entirely and completely on the look-out for themselves and themselves only. In their extreme form--and this is what must be described if one is to get a complete picture of the type--they are heartless, conscience-less, unprincipled sense-of-guilt-less individuals.

Crude gratification of instincts and indulgence in appetites in the most primitive sense is the predominant theme in their lives. They look upon their environment as only a means to satisfy their needs and the value of such an environment is judged entirely by the degree that it satisfies such needs. In any situation of give and take, they are always to be found at the receiving end; if and when they do give, it is as little as they possibly can and then universally under duress and pressure; never willingly. As a group they are willful, stubborn, obstinate and resistant to any attempt made to improve them. They live so much for themselves that they are wholly unable to "feel" for and with others. They have no feeling or regard for others. Though constantly subjecting others to all sorts of inconveniences and sacrifices; they themselves are wholly incapable of any sacrifice; such interest as they may show for and in others, is purely secondary to and only conditioned by the primary consideration of what they themselves will get out of the situation.

In contrast to the normal individual, the neurotic, the psychotic, and even the mental defective, the psychopaths do not and seemingly cannot develop those binding emotions and tender attachments which lie at the very basis of human evolution and our whole social structure. The reactions of love, sympathy, kindness, gratitude and other gen-

erous emotions are completely foreign to them. They are as incapable of repression as they are of sublimation. They seem never faced with emotional conflicts which is the lot and burden of mankind; their emotions are all on the surface. They have no appreciation of the meaning of responsibility of any sort, whether it be in the family or in interpersonal and social relations. They are ready liars and cheaters, for they have as little appreciation of a lie as they have regard for the truth. They are wholly unreliable in any statement or promise they make. They make appointments as easily as they break them and think no more of it.

Their sex life superficially might fall within the limits of the normal, but only superficially, for when one gets to know them a little more intimately a number of minor deviations are discovered, which in totality make them quite different from the average. Not infrequently, we find excessive heterosexuality, promiscuity, and a readier intrusion of paraphiliac trends of one type or another than is found in the normal; not, perhaps because of some psychic fixation, but more as an expression of infantilism. By and large, they appear to be endowed with a sex drive considerably above the average; this too perhaps because their sexuality has been but little influenced by the work of culture and repression. But what stands out more conspicuously in their sexual behavior is the entirely selfish, thoroughly narcissistic attitude toward the mate. In this, as in everything else, their reaction is entirely consistent with the rest of the personality traits and behavior. Not what pleasure or satisfaction they may give the partner, but what they can get out of him or her. Here, as elsewhere, the mate is looked upon merely as a part of the environment that must minister to his needs. Being exceedingly vain, they get extreme satisfaction in conquest, and orgasm to them is proof of their potency which is to feed their insatiable ego. Though they can be fine lovers, they as a rule make poor husbands or wives, fathers and mothers, but in this respect I am impressed with the rather remarkable attitude wives of such men have toward them as husbands. At least in my experience with the type of man who serves as a paradigm for the present study, their wives are in the majority of cases wholly and completely devoted to them, and however these men may become involved in difficulties, their wives simply do not see a thing wrong with their mates. This, it seems to me, is not ordinary devotion, but these men, perhaps because of the pre-

sence in them of a rather large homosexual component, are closer to feminine nature and therefore better able to understand and hold the love of their women. Even when caught in most obvious and flagrant affairs with other women, when in another situation there would seemingly be no other choice left but separation and divorce, the wife of such a man "will give Jimmie another chance."

Though they are often of very high intelligence, the nature of the intelligence and the distribution of the faculties is such that they are unable to utilize it for genuine advantage to themselves or for socially useful purposes. With respect to judgment, they are not at all unlike the mental defective, unable to project themselves into the future and foresee the consequences of their acts. Back of this so-called good intelligence is a most primitive, one might say, abysmal, emotional organization that so presses for immediate release as not to allow the proper utilization of intelligence.

This type of individual is found among us and in every walk of life. They escape detection because they have many superficial social traits which cover more basic abnormalities already mentioned. Often enough, they are very good company indeed, free and easy spenders, though quite universally it is with someone else's money; excellent spenders that they are, they are equally good borrowers, rarely, however, repaying their debts unless forced to. But though they may appear as good sports socially and outside of the family, within the family they are often the source of greatest tension that one could possibly have or produce. They can keep a whole family agoing with no rest for days. For all the trouble-making, nuisance and tension producing that goes with a hysterical invalid, the psychopath can outdo the latter ten to one.

There would be little reason to so emphasize this type of illness but for the fact that it is from this group that many of the so-called habitual criminals are so often recruited. For with a personality make-up so distorted, it is not surprising that so many of them get in conflict with the law. Their lack of regard for the rights of others, the extreme and insistent need they feel to satisfy their cravings, and to satisfy them immediately with no thought of consequences, is what brings these people in conflict with law. They furnish more than their share of mercenary crimes, including murder. Though their own life is most precious to them, they are wholly unable to grasp the meaning

and value of human life for others, it is enough for a psychopath to feel that this or that person stands in his way and with but little reflection such person is forthwith coldly and brutally removed, even if the actual gain be ever so small. Neither is punishment of help in the treatment of such cases, for peculiarly enough, like the Bourbons, they neither learn from experience nor remember the lesson. They furnish a considerable number of the so-called prison psychoses, for in accordance with their fundamental personality trends, they can't stand privation well and easily blow up when the situation becomes a bit stressful. These so-called acute Prison Psychoses are, in reality, not psychoses at all, but exaggerated temper tantrums in childish individuals that pass for adults.

The picture presented herewith is of course that of the extreme type. In such form it is perhaps as difficult of detection as Heavy Hydrogen in water, though if one has a clear picture of the type in mind, it can be found in daily life with disappointing frequency. Naturally, gradations from this to lesser forms of the disease and milder forms of reaction are to be found everywhere. One must be, however on the look-out not to confuse the various reactions of this type with like-appearing reactions of other types, having, however, a different origin and what is more important, a different meaning. Take for illustration two individuals both of whom present a common symptom, namely, selfishness and egoism. In one case, after observing the individual for a number of months and making a most intensive study of emotional life, one has no more understanding of what is back of it all than he had at the beginning. One might say that the individual in question is what he is because he has always been like that, it being quite impossible to trace this egoism or its development to any specific conditionings. This is the way of the psychopath. In the other case, however, one discovers that as a child the individual has been subjected to a great deal of privations and rejections and many psychic insults, in response to which the said individual developed, purely as a defense reaction, an exaggerated ego to save his body and soul from destruction. This is the neurotic whose emotional life has become distorted as a result of invidious and unfavorable circumstances. With regard to this reaction of egoism, the overt behavior of these two individuals may look strikingly alike but their development and their meaning to the individual are entirely different.

Because superficially they seem to have a number of apparently positive social traits, which they can simulate to perfection when it suits their convenience, they are not infrequently found as leaders of the community. This, in general, being a world run by neurotics and psychopaths, the latter have furnished in the world's history not an inconsiderable number of dictators which in these troublous times brings the situation quite close to home.

Though the world literature has portrayed every human type and character, an adequate portrayal of the true psychopath is practically lacking, showing once more how difficult he is of detection. I only know of few such. The elder Karamazov in "The Brothers Karamazov" by Dostoyevski is one such type standing out in glaring contrast with his sons who belong to the group of neuroses and epilepsies. Noel Coward's "The Scoundrel" also comes close to the description. Max in I. S. Singer's "The Brothers Ashkenazi" comes very close to the type, though the greed for money which appears to be the basis of most of his psychopathic traits, may in itself be neurotically conditioned. The play, "Red Dust," has in it a good characterization of a psychopath.

#### V. TYPES OF CRIMES AS VIEWED BY CRIMINAL PSYCHOPATHOLOGY

We may now profitably attempt to discuss crime, not from the standpoint of clinical types, but from the view of types of crime in the conventional legal sense. 1) Crimes against property, 2) Crimes against persons, 3) Crimes against public morals. By common consent, these all are supposed to be willfully planned, consciously premeditated acts, committed entirely for the purpose of securing immediate personal gain or advantage, as in the case of theft, arson or certain types of murder; or as a result of sheer viciousness or hot temper, as in the case of "passion" murder, sexual crimes, *etc.* The individual is held to be a responsible agent, who, being guilty, deserves punishment. Hence, the only way to deal with such situations and reactions is by punishment, which is supposed to check the willfulness, control the predatory motive, and cure the viciousness and hot temper. Criminal Psychopathology must challenge all these assumptions. It denies that the criminal is a responsible agent. It submits that in the main these are not conscious acts, that material gain is not their purpose, though it may appear so outwardly, nor is viciousness or hot temper a reason, but in fact result from unrequited emotional states which seek and find



an outlet in aggressive antisocial acts that are but symbols of unconscious motivations. To put it in other words, criminal acts have the same psychic significance as neurotic symptoms.

1. *Crimes against property*, or for the purpose of securing property, furnish the largest single class of what is commonly known as habitual criminality; the crimes ranging from directly predatory crimes such as petty stealing, swindling, all through in seriousness to embezzlement, highway robbery and the many related offenses. This also includes cases of arson and murder when the motive appears to be predatory.

In the analysis of neuroses, next to encountering criminal phantasies that are never given overt expression, one frequently comes upon minor transgressions committed by individual patients wholly within the family and entirely on members of the family, which acts never reach the attention of the law, even if some of these clearly come within the purview of the law. The family having stood already much of the idiosyncracies and peculiarities of the patient, the matter is hushed up. In not a few cases, however, the patient is driven to enlarge his activities, encroaching upon neighbors and even farther, when the matter ceases to be a purely family affair. The family seeing the safety of the patient and its own social integrity threatened, adopts additional measures calculated to protect the situation. The offended party is bribed or softened by other measures into silence; the boy or girl may be sent to some relatives for vacation where the same behavior, however, is continued. If the infractions reach the attention of the law the offended party is paid the damages, often a very large sum; a lawyer is engaged to squash the indictment and a compromise is reached with the District Attorney's office with a warning from the latter that there be no repetitions. Alas, there usually are repetitions.

Who are these boys and girls, men and women, that against all common sense, warnings, threats, or even severe punishments, are unable to profit from the lesson and notwithstanding all, continue to indulge in these activities? They do not strike us as "bad" people—especially since these violators appear to be the ones who are most distressed about their activities and most penitently resolve never to do it again; yet repetitions are sure to come.

It requires no great ingenuity or intensive study to realize that we are dealing here with something more and something different from



an ordinary criminal act. The family has known the boy or girl for many years; has known him too as possessing many odd, even bizarre character traits that are subsumed by the family under the term "nervousness." By long experience with the "culprit" the family has sensed correctly even if intuitively, that the so-called criminal act, for all its large social significance, is but a fraction, and an inconspicuous fraction at that, of a much larger reaction of "nervousness"; that in some way, a way entirely hidden from them, the anti-social act is not intended as such, that the violator neither expects nor gets any benefit for the act. What motive may there be behind the action of a man who sets a house on fire from which act he gets no material benefit whatever, but is observed to be virtually intoxicated by the sight of the fire as such? What does it profit a young married woman whose family is well off financially, to steal a couple of handkerchiefs, a few pencils or other inexpensive articles, and oddly enough, not to have later any recollection of it at all? One is sometimes impressed by the highly specific character in the choice of the deed. Here is a boy who will steal jewelry and jewelry only, and will leave entirely untouched other expensive articles or money; and there is a woman who is given to stealing pencils and nothing but pencils. Another striking characteristic, and one that could hardly be expected to be found in habitual predatory criminals is that almost universally, the stolen article is disposed of almost immediately, it apparently possessing no material value to the violator.

For some years such individuals have come to be known as kleptomaniacs and pyromaniacs. We have made much progress in that these reactions are considered now symptoms of a "nervous" disturbance or more specifically, of a mental disease. In our own terminology, when it is not an overt expression of a psychosis, it is viewed as a symptom of a neurosis. Obviously, there is no more sense in punishing an individual for displaying a neurotic symptom than it would be for presenting a physical symptom such as belching or involuntary urination. The treatment, as in all medicine, is not of the symptoms but of the disease as such; in this case, the neurosis. Indeed, cases of this type have been cured by active psychotherapy which at present offers the only sensible approach to the treatment of anti-social behavior.

But that is not enough and we must advance farther in our search for causation. By the several characterizations already mentioned the kleptomaniac and the pyromaniac are differentiated, from the so-called

common thief and the arsonist, who sets fire to houses because of material gain to be expected. But who is going to draw the fine line, where neurotic cleptomania or pyromania end and the common thieving and the arson begin? For, as one studies intensively and dispassionately the common thief and the arsonist, the line separating the neurotic from the predatory criminal vanishes into thin air. In by far the greater majority of cases there is fundamentally no difference, when one gets to basic causations.

The author has been fortunate in studying a large number of so-called habitual, chronic, hard-boiled "jail birds" and in almost every case (I make a reservation about the true psychopath aforementioned), I found their criminal activity to be expressive of some emotional problems, the significance of which was entirely hidden from their conscious horizon. Such an analysis of cases of "hard-boiled" criminals reveals the operation of emotional entanglements not significantly different from those found in usual neuroses. Emotional privation, jealousy and revenge, hysterical defenses and compensations, sense of insecurity, paraphiliac drives are but a few of the many underlying mechanisms that may be found in the lives of criminals. Naturally, there are certain differences which leave one neurotic strictly within the limits of a neurosis without <sup>anti-</sup>social encroachments, while the other is driven to trespass into socially unacceptable channels. Specific emotional situations, especially in early life emphasizing and strengthening the antipathic emotions rather than emotions of love is here highly significant. Though social factors are of importance, they are not significantly different from what we find operative in neuroses; but here too specific differences are observed, viz., the role of a broken home.

2. *Crimes against public morals.* If one wishes to look only at the surface expression of a phenomenon, there would seem to be but little resemblance and certainly no correlation between the offenses just discussed and what are known as sexual offenses. But with a little probing beneath the level of conscious thinking, especially as one searches for mechanisms and processes, common features soon begin to emerge. If we have some difficulty in proving the emotional background of predatory crimes, such a difficulty is less likely to be experienced in the case of the sexual offenders. In most cases, the motive of material profit cannot be given. What benefit can an individual derive from sending obscene letters through mail, from indecent ex-

posure of person, from peeping and similar offenses, unless it be, as it obviously is, emotional satisfaction, the need for which is most pressing. But what brings this group mechanistically closer to the other group is that here too the offense committed is not to be taken at its face value, but must be understood only as a symbol of another sexual situation, of another sexual crime, the social prohibitions against which are so great that it can be satisfied only by a symptomatic compromise. Thus, exhibitionism, bad as it may seem socially, is but a pale expression of a strong incest drive which is impossibly tabooed for realization. Similarly, transvestism is a vicarious expression of a strong homosexual drive, which is unconscious and dares not to seek overt expression.

No better proof is needed that genetically the kleptomaniac and pyromaniac and the sexual offender are much alike than that throughout, the same emotional problems found in one are strikingly found in the other. The dream and phantasy life of the kleptomaniac and pyromaniac, like that of many other neurotics, teems with scenes of a sexual nature, such as exhibitionism, homosexuality, *etc.*; while the dream and phantasy life of the sexual offender is not at all unlike that found in other neuroses.

### 3. *Crimes against Persons: Murder and Related Phenomena.*

The presence of affective elements in the perpetration of a crime often comes out with peculiar clearness in the case of murder, especially the so-called "passion" murder. Who can doubt here the presence of motives of revenge, especially in association with jealousy, or marked emotional tension that had to find release in some explosive assault? It needs to be emphasized here, however, that behind the obvious motives given, such as jealousy and revenge, there are deeper motives yet; and it is the unearthing of these that gives us true insight into the basic mechanisms of the reaction. Rivalry for the possession of a love object and jealousy and feeling of revenge growing out of that are all too common occurrences to satisfy our need for explanation. There must be differences, specific differences, indeed, that would explain why in a seemingly similar setting, one individual will commit a murder and the other will not; one will commit a murder and follow it by suicide; while still another will merely commit suicide but will not attempt murder at all.

What now of the predatory murders? Herein we find several types.

One group is not unlike the common hard boiled criminal, the analysis of which reveals an undoubted emotional background. In another type of murder, behind the apparent motives of gain, one found inner and more deep-seated emotional motives of which the murder is not only a superficial, but sometimes even an accidental expression. Still another group is the psychopathic, of which I have already spoken.

This being but an outline, no discussion is attempted here of the variety of unconscious factors that enter into criminality, of the role homosexuality, especially unconscious homosexuality, sado-masochism and other paraphilias, incest and its derivatives and ramifications, play in the production of crime. The whole is a large field and virtually a virgin soil that is yet to be explored.

#### VI. AN INVENTORY OF AVAILABLE KNOWLEDGE: THE NEED FOR RESEARCH

##### 1. *Differences of Available Knowledge and Need for Coordination*

At present, there is no recognized movement or even a directed interest that may be said to concern itself properly with Criminal Psychopathology. Even the title itself, so far as I know, is not found in the indexes of the recognized psychiatric periodical in English. For some years I have used this term privately, for lack of a better one I could think of, to convey the meaning of psychiatry that is getting away from a descriptive approach, but prefers to study the criminal with an emphasis on a more dynamic approach; on mechanisms and processes rather than mere descriptions. The literature on the subject is not only widely scattered but is entirely incidental. Very few indeed are the psychiatrists who are primarily interested in the subject as such and contribute to the subject as such. One psychiatrist, in discussing neuroses in general, may mention some details of a case of kleptomania with a discussion of the underlying mechanisms. Another discussing the so-called psychopathic reactions, may incidentally describe, as an illustration, a case of pyromania, and give incidentally a discussion of its mechanisms. One psychiatrist, in the course of an intensive study of epilepsy, may unavoidably and unwittingly come across the criminal reactions in epileptics. Equally, another psychiatrist, primarily interested in schizophrenia, may, though in a quite incidental way, contribute a case or two of criminal praecox. It is difficult to work with

cases of encephalitis lethargica without being impressed with their anti-social behavior, whether it concerns predatory crimes or sexual transgressions, and these have been described. Ever so often the public's attention is drawn to some particular crime and in the psychiatric studies made of such case, there often creeps in a significant amount of psychopathologic material. All this is contributed by psychopathology as such and without direct or specific reference to criminality. These, as it were, are crumbs falling off the table, tidbits that have to be carefully collected, examined and correlated.

## *2. An Inventory of Available Material*

There are several tasks confronting the movement, if it is ever to get an organized expression. One is to take an inventory of such work as has been done so far. As already stated, the work is scattered far and wide, not infrequently in obscure journals and in studies, the titles of which give no clue as to their contents. There is a large literature in foreign languages, especially Italian, that is important and that should either be translated or at least adequately abstracted.

There is a large undercurrent of interest in the subject, at present dormant, because heretofore there was no medium for expression. It can readily be brought to the surface through such medium as the *Journal of Criminal Psychopathology* which will provide stimulus for work by the prompt publication of relevant material. There are many individual workers who have collected some very good material that awaits publication if properly stimulated. It will take some time before the *Journal* can exhaust the publication of all such material. Physicians on the staff of various State Hospitals for Criminal Insane and Reformatories should be encouraged to write up and discuss some of the more remarkable cases that have come under their observations. There are many among them who have not escaped the influence of modern psychopathology and if sufficiently interested they could give us some very worthwhile material. In a similar manner extramural psychiatrists on the staff of Child Guidance and Mental Hygiene Clinics, and those connected with Juvenile courts, should be encouraged to make contributions in their respective fields.

While the primary emphasis is to be laid on dynamics of criminal behavior, we should not make the mistake of avoiding descriptive material altogether. We need, and need badly, organized case material,



even of the purely descriptive type. For, when one brings together the available material, it is immediately seen how little there is on the subject. No better illustration is needed than our present knowledge of the contribution of the paranoid praecox to crime, a psychotic condition best known to psychiatrists, and on which therefore there should be some good material available. While our knowledge of this type of case seems most explicit, it is still limited to crimes flowing out of delusions of persecution: assault with intent to kill, murder and related reactions. One can search however the pertinent literature on the subject and find practically nothing. But the contribution of praecox to crime is large and there is a vast number of paranoid praecox who otherwise get themselves involved with Law. There are cases of paranoid praecox that are arrested for thefts, forgery, larceny, robbery, counterfeiting, as well as for a variety of sexual crimes, but nothing is known of it in the literature. I should like to see the mistake avoided which was made some years ago in Psychiatry, when the interest in dynamics brought a flood of cases wherein only dynamics were discussed, with much speculation in the bargain, while the factual material on which the discussion was supposed to be based was minimal and insignificant. Large deductions from small premises. Someone could make a genuine contribution to the subject who would present us with a study based on a series of 100 cases of paranoid praecox who have come in conflict with Law on a variety of charges. The same study should further compare these cases with a hundred cases of paranoid praecox who have never gotten themselves involved with Law, using the last series as controls. This would provide some basis for comparing the two groups. With such a definitive study completed, we could then search further for a better understanding of more deeply lying mechanisms. In a similar sense, adequate studies should be made of the other types of praecox, of the manic depressive, *etc.*, all through the entire psychiatric nosology, the neuroses, psychopathies, and mental deficiencies included. But for all the work that this will involve, it is minimal compared with the main task before--the search for the underlying mechanisms. Where one psychiatrist could without difficulty make a descriptive study of a hundred cases of criminal neuroses and psychoses in less than a year, a psychoanalyst with more refined tools and more painstaking work could hardly cover a dozen, if that many, in the same span of time. Obviously, to accomplish all that has been outlined will require the work of many hands and many heads and probably could never be done without



considerable financial backing that would permit interested workers to give their entire time to it. Such material help given to one or another individual may go a long way toward making definite contributions to the subject. But that, I am sure, is not enough for the task before us.

### *3. The Formation of a National Organization and a National Journal*

A powerful stimulus for such a work would be the formation of a national organization that will concern itself mainly with the task of advancing the knowledge of Criminal Psychopathology. Problems of Forensic or Medico-Legal psychiatry proper should be excluded as there are other organizations for that purpose and the presence in the organization of men whose main interests are not directly in Criminal Psychopathology but specifically in other fields will only tend to clutter up the organization and hinder its progress. This is not to be interpreted to mean that Criminal Psychopathology has no concern with Forensic problems; it definitely has. But its approach is quite different and its contributions in this regard will be quite different, also, from those of the forensic psychiatrist or the medico-legal expert. The difference can be readily seen in the manner a criminal psychopathologist handles a particular case as compared with that of the forensic psychiatrist. In a case of a paranoid praecox brought to trial, both, no doubt, would be willing to testify in court the man is insane. But how many psychiatrists would be willing to so testify in a case of bigamy, rape or murder, when the individual is not psychotic but suffering from a neurosis or even psychopathy? Probably none. The criminal psychopathologist, however, convinced that criminality, being an unconsciously conditioned reaction, and therefore but a symptom of a disease over which the individual has no control, will go to court and testify in cases of rape, bigamy, pyromania, *etc.*, that the individual is mentally sick, that though he may know intellectually the difference between right and wrong, he is unable to choose so emotionally, that he is therefore not guilty by reason of such a disease, that punishment will be of no avail, for the etiology keeps on operating after the sentence is over and that his place is not in a prison but in a psychiatric institution, and that what he needs is not a sentence, but an indefinite period of confinement until he is cured, and that the treatment is psy-

chic. We need to widen our conception of mental diseases that go beyond the strict definition of psychosis and neurosis.

Such an organization and such movement should have a journal of its own, rather than be obliged to depend upon the good will and enthusiasm of one or even several individuals. For such an enterprise requires a rather large expenditure of money, which it is doubtful one individual with an average income could carry on for any long period.

#### 4. *A National Institute for Criminal Psychopathology.*

Research is essential to progress in any field of human endeavor. While we need teachers, teaching remains static if not backed by research. While we need chemists for our daily work, this branch of science would die of inanition if not kept alive by continuous research. We need, to be sure, medical practitioners to take immediate care of our illnesses and emergencies, but without unremitting research, the clinical side would not have advanced beyond what it was centuries ago. Psychiatric hospitals are needed to take care of the many who are ill of mind and soul; but without research, psychiatry would remain merely a custodial performance. It is unfortunately so to a large extent. The few Psychiatric Institutes we have in this country and the scattered research work done by various individual workers have contributed more to our understanding of mental illness and its treatment than the vast number of physicians who for generations have staffed the many state hospitals for the insane and died without making the least contribution. The most significant advances in Psychiatry such as psychoanalyses, malarial, insulin, and metrazol treatments, *etc.*, have been made by men outside psychiatric hospitals. Are we to await a new research from the outside to deliver the criminal to us?

The various sciences that have in one way or other concerned themselves with problems of crime, have, in our estimation, anyway, so far failed to contribute either to the the understanding or the treatment of criminality. There is every reason to believe that Psychiatry may prove more helpful in understanding and treatment of crime than other endeavors have proven so far. But as in Clinical Medicine and Clinical Psychiatry, no advance can be made toward the understanding of crime. Unless there be organized research in the field, little may be hoped to be learned from the mere clinical observation of criminality and criminal insane, by isolated observers and workers.

Since State Psychiatric Institutes have proven not only their scien-

tific but as well their economic worth to the respective State in effecting cures or improvement of many cases of insanity, it immediately suggests itself that each state could equally afford to establish within its limits Research Institutes in Criminality. If Michigan Neuro-Psychiatric Institute at Ann Arbor can serve the general psychiatric needs of the State, why couldn't a State Criminological Institute, either as a separate institution or in connection with any one of the State Hospitals, such as Ionia, perform similar service for Criminality? New York State could well afford and profit by having a Criminological Research Institute either as a separate institution or attached to Matewan, Woodbourne or Dannemora State Hospitals for Criminal Insane. But even that is not enough. Above all, we need a national institution for research in Criminal Psychopathology for Criminality is more a national than a state problem.

Some years ago, the author was asked by the late George W. Wickersham, then chairman of President Hoover's National Commission on Law Observation and Enforcement to submit a "Report on Psychiatric Aspects of Crime," which he has. The report emphasized the great need for an institution that will be devoted to the study of criminals with a view of ascertaining the personal psychic factors in the lives of individual criminals that contribute to their becoming criminals. It pointed out that in apprehending and punishing criminals we are dealing only with the late consequences of a particular type of behavior, but we do nothing to prevent such behavior before it becomes socially harmful. It seems that if for all the sums of money that are being spent for the Federal Bureau of Investigation, only that is accomplished that the criminal is apprehended and confined for a definite period with the almost definite certainty that on release he will repeat the acts again. Much more could be accomplished if the Federal Government would create an institution for the purpose of intensive study of such conditions with the view of contributing something definite not only toward the cure, but toward the prevention of crime.

It is suggested that there be established a National Criminological Institute (N. C. I.). The United States Government has within its organization not only a nucleus for such an institution, but many of the elements that are essential for the organization of such an institute. With the building of several new penitentiaries, the greater bulk of

patients in Howard Hall, which is the Department of Criminal Insane at St. Elizabeth's Hospital, Washington, D. C. has to a large extent become vacant. The physical part of the building could be converted for the use of the N. C. I.

In accordance with this, the Psychiatric Staff of each of the Federal Penitentiaries is to be enlarged and careful routine psychiatric studies be made of *each* prisoner, regardless whether he is obviously mentally ill or not. From these records the prison psychiatrists will make a list of prisoners, that, in their opinion, are most suitable for transfer to the N. C. I. for further and more intensive study and treatment.

The N. C. I. should be in charge of a psychiatrist who has had the experience of studying criminals scientifically. (It might be stated here parenthetically that a psychiatrist of the administrative and custodial type, however much experience he may have had with the Criminal Insane, would not be adapted for this kind of work.) The staff should consist of a Director, two associate physicians, several social workers with the proper secretarial and clerical help. The number of cases of individual criminals that could be studied and completed within a year will depend, of course, upon the size of the staff. We need not, however, expect too much in quantity. It is the quality and intensiveness of the study that must be emphasized. With at first a modest beginning, the undertaking can be enlarged as conditions permit.

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## PROBLEMS OF CRIMINAL PSYCHOLOGY RELATED TO HYPOGLYCEMIC STATES

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The existence of a direct relationship between subnormal blood sugar level and criminality will be surprising only to those who are unfamiliar with the manifestations of induced and spontaneous hypoglycemia. The literature shows that this very young offspring of medicine has a criminal record comparable to that of certain mental diseases. The medico-legal aspects of *induced* hypoglycemia, which is produced, *e.g.*, by insulin therapy, were recently discussed in a paper by Aldersberg and Dolger, but *spontaneous* hypoglycemia has not yet received due attention, although the symptomatology of both is alike. The main medico-legal difference is that induced hypoglycemia is in most instances readily diagnosed as the history of insulin treatment is bound to be promptly discovered, while spontaneous hypoglycemia as a rule goes unrecognized and very often is not even suspected.

We shall ignore the medico-legal side of hypoglycemia, and rather report some of its manifestations and suggest a few conclusions. It will be assumed that the reader is acquainted with the course and symptomatology of hypoglycemic reactions following insulin injections; that he is familiar not only with the hypoglycemic coma, but also with the less severe and mild reactions, and that he has some knowledge of the symptomatology and causes of spontaneous hypoglycemia in tumors of the islet cells of the pancreas, in Addison's disease, diseases of the pituitary gland, the liver, in renal diabetes, *etc.* Spontaneous hypoglycemia, it will be remembered, may occur also during lactation and following starvation and muscular exhaustion in predisposed individuals and is very frequent in children. Detailed discussion of the entire subject is found in the books by Sigwald or J. Wilder, the articles by Wanchope, Goldzieher, Sippe and Bostock, *etc.*

The literature records the following crimes and offenses, proved or suspected, which were committed in hypoglycemic states: disorderly

conduct (particular resistance to representatives of the law), assault and battery, attempted suicide and homicide, cruelty against children and in the marriage relationship, various sexual perversions and aggressions, false fire alarm, drunkenness. Also embezzlement, petty larceny, willfull destruction of property, arson, slander, violations of traffic regulations. Some of these offenses are punishable in certain countries only.

Problem children, infantile delinquents are frequently found to have a tendency to hypoglycemia. Hypoglycemics are apt to be convicted for crimes they did not commit, because their lapses of memory, fugues, confabulations and hallucinations, or the erroneous impression of laziness or malingering which they may convey may be held against them. They should also be considered as unreliable witnesses. It has been repeatedly argued that habitually hyoglycemic individuals and diabetics under insulin treatment should not be given certain positions involving a considerable amount of responsibility and alertness, as well as driver licenses, *etc.*

In addition to crimes and offenses enumerated above there may exist other forms of law-breaking not yet reported in the literature, where it would be well to bear in mind the possibility of temporary hypoglycemia. There are, *e. g.*, a number of cases of infanticide committed immediately after delivery or during lactation, which have not been fully explained; hypoglycemia is not unusual at such time.

In some instances miscarriages of justice involving traffic accidents and drunkenness have been corrected when the real condition of the defendant became known. It is a rather disturbing thought that in many more cases convictions might have been upheld because the court was never acquainted with this important fact. Frequently however, the accused will be saved even if the hypoglycemia is not recognized because its symptoms suggested erroneously some of the more common psychopathic conditions.

Is the condition important enough to warrant an extended discussion? Many statistics indicate that the frequency of spontaneous hypoglycemia has been greatly underestimated. Greenwood found a blood sugar level of less than 70 mgm. per 100 cc. (the normal content being 90 to 110 mgm. per 100 cc.) in 2.8 per cent of 1,000 patients in general wards, and in 4.35 per cent of 2,000 patients in psychopathic wards. Low blood sugar can however exist without symptoms, while



atypical hypoglycemic syndromes exceptionally occur in the presence of normal and even increased blood sugar.

One of the author's patients with a history of extreme states of excitement, violence, attempts of suicide, divorce, querulousness, *etc.*, was several times confined in a psychiatric ward with the diagnosis of "schizophrenia" "psychopathic character," *etc.* He showed a fasting blood sugar of 133 mgm. per 100 cc. and developed typical hypoglycemic syndromes when his blood sugar fell below 120 mgm. per 100 cc. The symptoms manifested themselves after an insulin injection as well as 2½ hours after injection of 100 gm. of glucose at a blood sugar level of more than 110 mgm. per 100 cc. and were promptly relieved by sugar.

But even if we take in account only the patients who develop symptoms the incidence is higher than is usually presumed: Sippe and Bostock for instance recorded hypoglycemic manifestations in 0.5 per cent of their patients in general practice. It is fair to assume that the percentage would be higher in the neuropsychiatric practice.

As a rule the crimes and offenses are committed not in the "minor," but in the "medium" or "major" attacks (Sigwald, J. Wilder). That is to say, they are accompanied by weakness, perspiration, tremor, hunger, and certain typical *psychological* changes, which will be discussed later. The attacks are transitory or progress to sopor, stupor, coma, convulsions, death, *etc.*

*Disorderly conduct.* One of Sigwald's patients, a diabetic woman, would become very agitated three or four hours after the injection of 50 units of insulin. In one of these spells she took a taxi and standing upright harangued passers-by and finally tossed her hat into the street; then she hurried home and undressed her little son; after that she quieted down gradually. Resistance to an officer of the law and use of profane language are most frequent offenses. The hypoglycemic like the drunkard often feels magically attracted to policemen. The partial psychological explanation of this phenomenon lies possibly in the fact that the patient looks for help when he becomes aware of the rapidly oncoming attack. Rare cases are recorded in which the hypoglycemic just managed to give the policeman his address before giving way to his urge to throw off all shackles of responsibility. In most instances however this contact with the policeman, who as a rule believes the patient to be drunk and deals with him accordingly, ends in a police court as a case of insult, resistance and assaults against the representative of law. The same course of events can be observed in similar situations, *e.g.*, with the streetcar conductors, managers of restaurants and generally persons in similar positions of authority. One of Aldersberg's patients, a diabetic receiving insulin treatment, felt one day that he was becoming

hypoglycemic but had no strength and will power left to eat the piece of sugar he used to carry around with him for just such an emergency. Later he boarded a streetcar and behaved as if intoxicated: he opened his vest, put his hat on in a queer manner, shouted and laughed. The helpless conductor called a policeman who took the patient to the police station. But the patient who meanwhile became "confused" resisted so violently that several policemen had to be called before he could be dragged away. In the police station he continued to be violent but after a while calmed down. He then asked for a piece of bread, which he ate and was completely normal a few minutes later. When he was restored he was unable to recall anything about his arrest and the events leading up to it. Legal action was stopped after several witnesses had testified that the patient was subjected to similar states of confusion repeatedly after taking insulin. Adlersberg reports also another case of a diabetic woman who on receiving insulin likewise got in trouble with the police and was held for drunkenness. Wanchope speaks of the frequent "state of bravado." Duncan's diabetic feeling ill after an insulin injection went to a shop and bought some food but collapsed before he could eat it: believing him intoxicated two attendants threw him out so roughly that he sustained bruises; he put up violent resistance, his clothes were all torn and police was called. At this point the symptoms subsided. Duncan holds that secretion of adrenalin stimulated by anger may produce a spontaneous improvement of the condition by raising the blood sugar. An almost identical case is reported by Adlersberg and Dolger: the patient aware of the beginning attack went to a candy store where her violent agitation and loud demands for candy aroused the suspicion that she was drunk; when the salesman refused to sell her candy, she became violent and abusive, a policeman was called, *etc.* The same authors state that children occasionally develop among other symptoms a rude and boorish behavior, jostle and push aside people on the street without apologizing, which is in contrast to their normal demeanor. In one of Jones' cases of spontaneous hypoglycemia the patient became irritable and would bump into people when walking. Adlersberg and Dolger report a case of a child treated by protamine zinc insulin who on his way home was atactic, confused, shouted and sang, was thought to be intoxicated, and exhibited violent resistance against the police.

*Assault and battery.* In Greenwood's case no. 4 the patient attacked members of his family; another patient (no. 6) entered a restaurant and

demanding food although he had no money; on being refused he attacked the proprietor and created a disturbance so that the police were called; later it turned out that he had not eaten anything that day. Both were cases of spontaneous hypoglycemia. In Heyn's case of spontaneous hypoglycemia the patient was so violent in the attack that it took three attendants to restrain him. Many persons in such a state had to be placed under restraint. Threats are frequent. Joltrain's diabetic after insulin injection threatened the doorman with assault when the latter tried to prevent him from leaving the house.

*Attempted suicide.* There are no records of successful attempts. There may have been cases in unrecognized spontaneous hypoglycemia, but the underlying facts will obviously never be known. We hear mostly of those instances where patients in a state of extreme excitement and possibly also because of desorientation wanted to jump from the window (Wuth, Sjören and Tillgren).

*Attempted homicide* has been reported in several instances but no case of murder has been recorded to date. One of Sjören and Tillgren's patients was found during a seizure sitting upright in bed and pressing a knife against his abdomen; questioned by his wife he threw the knife away, gesticulated, shouted several times: "I will kill you"; he pushed her aside and ran away; later he jumped around wildly, screamed and became quite confused, threatening the doctor who was called (insulin hypoglycemia). Another diabetic described by Kepler and Moersch under the influence of insulin fired a gun at his sleeping brother.

*Torturing of children.* Ziskind and Bailey's patient suffering from spontaneous hypoglycemia beat her son unmercifully without provocation in one of her attacks. Adlersberg and Dolger report a case of a very devoted mother who after insulin treatment stuck a pin into her baby's eye several times, beat and strangled it; only the intervention of the family saved the child.

*Cruelty in the marriage relationship.* In Jones' case of spontaneous hypoglycemia the patient for years had "hysterical attacks" in which she felt extremely weak, somewhat incoherent, emotionally unstable. During those attacks she threw articles after her husband and had a morbid craving for sweets. In one of Adlersberg and Dolger's and in one of Sonne's cases of insulin hypoglycemia divorce actions were started as a result. In Sonne's case the action was dropped when the patient declared himself willing to make appropriate changes in his medical treatment.

*Arson.* Marx records a case of arson in a man who carried a shell splinter in his midbrain. He was suspected of a fire insurance fraud. Witnesses testified that he had acted at that time as if he were in a stuporous automatic state. A similar state was produced in the patient by small doses of insulin.

*Special cases of disorderly conduct.* There are numerous reports of cases in which hypoglycemic patients went in the streets and entered hotel lobbies, etc., in partial or complete undress (Oppenheimer, Elias and Goldstein, etc.). The tendency to undress is here as frequent as in epilepsy and other brain diseases. In many cases the patients sing, shout, revile people, etc.

*Exhibitionism.* Several authors mention that undressing tendency, right or wrong, under the heading of exhibitionism.

*Homosexuality.* This might have been the case in a woman described by Spaeth who under the influence of insulin tried to get into another woman's bed.

In this connection it may be pertinent to raise the question if the compulsive fear of mothers lest they stab and slash their infants in certain cases of compulsory neurosis may not be charged to the memory of such urges experienced during hypoglycemic states which are not unusual after childbirth and during the period of lactation. It would not be farfetched to attribute some other cases of compulsive fears to the memory of hypoglycemic states.

*Sadism.* One of Adlersberg and Dolger's diabetics used to become hypoglycemic after sexual intercourse and to develop in this state bizarre sadistic tendencies, which were followed by deep shame and embarrassment, or by complete amnesia. One of the authors personal cases, a patient with a classic picture of Simmond's disease, who had previously been normal sexually, developed sadistic tendencies during his disease: unable to carry out the sexual act, he regained temporarily his potency together with sadistic tendencies when his wife upon his own urging invented stories about her adulterous relations: this patient used to be in an almost permanent state of hypoglycemia.

*Other perversions.* One of Adlersberg and Dolger's diabetics, a woman 25 years of age, became abusive and violent during the hypoglycemic attacks following insulin; on several occasions she outraged her family by defecating in the living room. Dr. Cornelis Klein (Haarlem, Holland) told me (personal communication) about acts of bestiality in a hypoglycemic boy.

*Sexual aggressions* are recorded several times: patients try to kiss and embrace hospital nurses or other persons (reported by Oppenheimer

and others). A woman would place her hands conspicuously on her genitals (author's own case).

*Blasphemy.* Adlersberg and Dolger mention cases of devout persons blaspheming and abusing the Church.

*False fire alarm* can be caused by a hypoglycemic patient. Spaeth reports a case of a diabetic boy who in an attack of insulin hypoglycemia ran through the house shouting: "Help! Fire! Call the fire department!"

*Drunkenness.* The appearance of drunkenness is produced by the frequent combination of dysarthric speech, ataxia, querulous and aggressive behavior, etc. Wanchope refers to a case of a diabetic physician who was convicted for drunkenness, his plea of hypoglycemia being disbelieved. In one case the police surgeon decided that the arrested person was a morphine addict, misled by the scars from insulin injections. Arrest for drunkenness is recorded by Goodheart and Lauder and many other authors.

*Embezzlement.* This can be found in Sigwald's case in which a diabetic woman who was a cashier in a café during an insulin seizure threw handfuls of money, a total of 30,000 francs, to the guests of the café where she was employed. A case in point is that of Menninger where a patient with a "pituitary disease," which very probably was also a case of spontaneous hypoglycemia had periods of somnolence lasting 12-36 hours from which he could not be aroused. Maximum blood sugar in the sugar tolerance tests was 129 mgm. per 100 cc. half an hour after the ingestion of glucose (only finding recorded). After the onset of the disease he joined a gang engaged in stealing of automobile tires, defrauded funds belonging to a society and issued worthless checks. "Not infrequently he would drive off in his car without bidding farewell to his family and would drive aimlessly for long distances, stopping only for gasoline." Once he thus covered 2,000 miles "to get fresh air."

*Petty larceny.* This can be taken for granted in Greenwood's case of spontaneous hypoglycemia in which the patient ordered a meal in a restaurant although he had no money.

*Willful destruction of property* is a frequent occurrence. Patients not only damage things when fighting their "adversaries," but often break dishes, pieces of furniture, etc., out of mere destructiveness. One of Adlersberg and Dolger's diabetic boys smashed expensive and prized possessions only.



*Slander*, prompted by ideas of persecution, ideas of being robbed, *etc.*, is not rare. In one of the author's own cases of spontaneous hypoglycemia the patient went to the police on several occasions to accuse her neighbor of attempting to poison her; later she accused physicians of giving her dangerous injections for experimental purposes, *etc.* Accusations against physicians are frequent. Joltrain's insulin patient complained of having been robbed.

*Violations of traffic regulations* are most frequent. One of Adlersberg's female diabetics insisted on crossing a road outside of the white traffic lines and became involved in a serious argument with the traffic policeman. Wanchope's patient insisted on driving his car in spite of diplopia attempting to correct his defect by shutting one eye rather than eat the piece of chocolate offered to him. W. quotes also a case of a Danish truck driver who rammed a stationary vehicle in an attack of hypoglycemia. One of Adlersberg and Dolger's diabetics during the attack felt the urge to run through fast moving automobile traffic and barely managed to avert a serious accident by clinging to a lamppost.

Problems of education and child behavior may be connected with hypoglycemia. This applies not only to spells of somnambulism, nightmares and other sleep disturbances of hypoglycemic origin, but also to the more frequent spells of tantrums, stubbornness, destructive tendencies, negativism, refusal to eat, anxiety, depression, sullenness, amnesia, misbehavior, *etc.* Periodical inattention in school, periodical use of abusive language have been described by Adlersberg and Dolger. It is fair to assume that failure to recognize this condition and application of the wrong educational measures may lay the foundation for future neuroses in some of these cases.

Not only children, but also adults may convey the erroneous impression of being habitually lazy, while they are cases of hypoglycemia; this wrong impression is in some cases strengthened by the observation that the patients have disturbances only in manual work, only when on night duty, *etc.*

It is an important question whether permanent changes can be produced by successive hypoglycemic attacks. There exists an extensive literature on the histological changes in the brain in man and animal due to hypoglycemia, but clinical observations have not been numerous: one of the author's cases of spontaneous hypoglycemia developed the progressive picture of paranoia with delusions of persecution, intoxication, *etc.* She lived alone in an apartment and had attacks of uncon-



sciousness almost every morning; the delusions of persecution started with the idea that during her spells of unconsciousness, which sometimes lasted for hours, her neighbour entered the room to rob and injure her. This idea later developed according to a typical paranoid pattern and for a while she was confined in an asylum. Later she formed the idea that one of her doctors gave her an experimental "carcinoma injection" which made her very ill. When the patient who by lack of proper care was in an almost permanent state of hypoglycemia, was admitted to a hospital and put on high carbohydrate diet this idea, which did not yield to persuasion, disappeared spontaneously after about ten days and came back when this diet was discontinued. Sigwald, Joltrain mention cases of diabetes in which psychoses developed, lasting weeks or months after the insulin therapy was discontinued. Bix describes several cases of epilepsy in diabetics treated for years with insulin; his patients had frequent attacks of hypoglycemia.

The medico-legal and occupational problems of hypoglycemia are not within the scope of this paper. We must however dwell on a few *psychological problems*. First of all we wish to stress the fact that most of the authors, including the author of this paper, have come to the conclusion that there exists no direct relation between the psychological changes in the attack and the *normal personality* of the patient. The same applies of course also to the crimes and offenses committed in the hypoglycemic state. It may be even assumed that actions and utterances which do *not* present a sharp contrast to the normal personality of the patient should be considered very cautiously because they may be not due to hypoglycemia. The "dual personality" problem comes here strongly to the foreground. Typical feeling of depersonalization is frequent even in mild attacks.

"I am Jekyll and Hyde," said one of the author's female patients, a case of familial spontaneous hypoglycemia, remarking on the obvious wave-like changes in her mood and attitude during the sugar tolerance tests. One of my patients with spontaneous hypoglycemia could recall during several attacks certain details of other attacks, for which she was otherwise amnesic. In the same case complete amnesia suddenly cleared away on one occasion during a meal, and the patient became conscious of an accident the victim of which she had been during an attack that morning.

Another point which must be mentioned here is the absence of any connection between the mental symptoms in hypoglycemia and previous states of excitement. On the contrary, hypoglycemia is the only disease which is greatly *improved by excitement*. This can be understood in the light of the famous experiments of Cannon and others,

who proved that strong excitement raises the blood sugar level. One of my patients was practically free from symptoms for a period of two months following the death of her sister with whom she had lived; she showed no such improvement however, when her brother, who lived in another city, died some time later. Transitory relief which has been observed in several instances after exploratory laparotomy was probably due to the excitement of the operation. Repeated strong excitements on the other hand can deplete the glycogen stores of the liver and favor hypoglycemia, especially if the carbohydrate supply is insufficient.

In reviewing the cases reported we come to the conclusion that certain types of crimes and offenses, characterized by increased aggressivity, lack of self-control, loss of moral inhibitions, impairment of judgment, are apt to be committed in hypoglycemia. They are accompanied, as far as we can see from those records, by certain psychological features: irritability, a rebellious attitude against the representatives of any kind of authority, a general tendency to negativism, apparent indifference in the matters concerning ethical and social conventions. The patient yields easily to any kind of asocial impulses stopping not even at self-destruction. We can recognize here certain features, which are considered characteristic of certain types of criminals, particularly the defective delinquent. But the difference is that these features are promptly and completely reversible in hypoglycemia, while they are deeply ingrained in the criminal. This remarkable reversibility, which is characteristic of only one other (physiological) state, sleep, affords perhaps an unequalled field for experimental research in normal, pathological and criminal psychology. The fact that we are able to watch in one and the same individual various degrees of hypoglycemia (which is so closely related to physiological changes) and to stop the attack at any stage is of particular value for the study of psychology.

Unfortunately there has been only a very small number of reliable *self-observations* and experiments performed by the investigators on their own persons, although such experiments could be of immense value. Josepha Wiedeking and her associates, who have conducted perhaps the most significant investigation in this field to date report in *mild* attacks of insulin hypoglycemia the following *psychological* symptoms, concurrent with bodily changes of excessive hunger, *etc.*: early manifestation of abulia, characterized by difficulty in making any decision whatsoever, lack of initiative, of spontaneity. One of her ex-

perimental subjects said: "I don't want to move or talk. To take a pencil from a table requires as much will power as climbing a mountain." There is a general slowing down of mental functions. Consciousness becomes clouded, thinking is hampered by weakness of concentration, and the emotional state is characterized by depression or timidity. Pronounced irritability and the tendency to opposition may assert themselves already in this mild phase of the hypoglycemic attack.

As the attack progresses these changes become increasingly marked, and a number of mental symptoms are added to the picture. For the observer it is important to know that very frequent and striking changes of gesticulation, voice, facial expression occur in this stage, which are purely motor and not psychomotor in character; they are not an expression of the psychic state of the patient. The purely psychological changes include serious impairment of thinking power to the point of complete blocking, inability to fix attention, and loss of power for coordinating and abstracting intellectual work. The common tests cannot be performed in this condition. The loss of concentration power may lead to desorientation and mental haziness: fatigue and desire to sleep become more pronounced, but they are not quite identical with the feeling of fatigue after mental work or with normal sleepiness. Some patients report the typical sensations of depersonalization. The marked impairment of the faculty for decision is sometimes associated with a restless overactivity, that constantly changes its aim. This may account for the extreme degrees of "dawdling" described by this author and others. A similar contrast is presented by the coexistence of apathy and indifference with extreme irritability and irascibility. Negativism can reach the form of a permanent querulous attitude towards everything and everybody. Patients stubbornly deny to be hypoglycemic, refuse to eat sugar, *etc.* Hallucinations and other "psychasthenic" phenomena may occur in this condition. After the termination of such an experiment one of Wiedeking's subjects said: "Now I begin to see clearer: I had a feeling as though I had passed to the beyond. What a strange situation. You are partly here partly far away. Everything was seen and heard as though it were behind a veil. I experienced an unbelievable indifference against everything." This statement was made after a moderately severe attack.

This indifference in its mildest degree may be illustrated by another quotation from Wiedeking's paper: "I do hear the voices of the hospital nurses, *etc.*, but it is just as though I were shut out from my former

life. I feel absolute indifference. I register all I hear without adopting any special viewpoint. There are neither agreeable nor disagreeable memories." This striking loss of associations, of associative activity, so to speak, is a very early and common phenomenon. It is possible that this is also a factor in the loss of moral inhibitions. One of Wiedeking's test subjects states that she remembers having a certain thought, which normally would have been embarrassing to her, since it concerned a forgotten obligation; during the attack however she noticed that she had lost any distinct sensation of compunction.

It is clear from clinical observations and self-observations in hypoglycemic states that one of the main changes in the thinking process concerns its emotional character. The ideas and conceptions become blurs, prompting no impetus or desire for action. Probably this is the cause of the patient's incapacity for decision.

In this syndrome of the slowing of the principal mental functions the paradoxical phenomena of *irritability and over-activity* require a special explanation. Wiedeking tries to explain this irritability with the resentment of the hypoglycemic over being interfered with when all he wants is sleep. Oppenheimer tries to explain it with excessive hunger. We cannot agree with these hypotheses. Increased irritability in the form of increased reactivity and loss of central inhibitions in reactive responses is quite a common phenomenon when mental activity is *slightly* depressed, just as increased electrical, mechanical, sensory excitability results from a *slight* or incipient injury of a peripheral nerve. The apparent *overactivity* is harder to explain. It is of a peculiar intermittent and inconsistent type, and may result from the same causes which produce irritability, or it may be due to stimuli set up by the wave-like fall and rise of the blood sugar. The tendency to *negativism*, to opposition against everything and everybody is frequent where the conception of the situation and of the outside world is not clear and definite. It is a primitive psychic response and is strongly suggestive of the "panphobia" (fear of everything) of the primitive races.

The picture described is also reminiscent of the lack of spontaneity which frequently characterizes certain brain injuries. Kurt Goldstein who thoroughly described the psychological features of those patients stressed the "Katatropfen-Reaktion" exhibited by them in certain situations. These patients act in a quite adequate way within certain narrow limits. But if the situation is a little out of the usual and they

cannot cope with it, an aimless struggle commences which sometimes leads to aggressive and destructive acts.

So much for the psychological side of the problem. On the basis mainly of self-observations in *normal* individuals we have tried to show in detail how the psychological symptoms accompanying the "hypoglycemic crimes" and offenses gradually develop from a particular state of depressed mental functions. We will not discuss in this paper the "major" seizures of hypoglycemia, complicated by unconsciousness, amnesia, aphasia, *etc.*, although many of the crimes mentioned were committed during such attacks, because their study would be of little interest in connection with our special problem. They should, however, be of extreme interest for clinical psychiatry since they afford a unique opportunity for the study of the development of psychotic symptoms from the milder psychological changes. Certain psychiatric theories (Janet, Berze, *etc.*) which attempted to explain psychoses on the basis of "psychasthenia," the depression of "mental activity," come to mind, but we need not dwell on them in this paper.

#### CONCLUSIONS

Certain psychological manifestations, which have here been shown to be transitory symptoms of hypoglycemia have time and again been described as *permanent* mental features of certain types of delinquents and, in particular, defectivedelinquents. Such manifestations are: lack of will power, lack of initiative (which makes these individuals *reactive* rather than *active* beings), slowing of mental processes, weakness of attention and intellectual grasp, irritability, lack of emotional control, weakness of coordinating and abstracting mental work, deficient decision capacity, an "empty" more or less aimless overactivity, apathy, indifference, negativism, querulousness, *etc.* Of course we do not definitely know whether the defective delinquent, like the hypoglycemic, sees the world "through a haze," but it is likely to be the case.

The essential and basic change in hypoglycemia undoubtedly is the *loss of spontaneity* and initiative. These are phylogenetically the most recent, hence the highest and consequently most vulnerable functions. They distinguish man, who in adult life is an *active* and *reactive* being, from animal, which is at all times a purely *reactive* creature. In psychoanalytical terms we could speak of the Ego instead of spontaneity, and say that the Ego is affected first in the hypoglycemic attack,



while the Id remains comparatively unchanged; this may account for the phenomenon of depersonalization.

These observations on hypoglycemia seem to support those psychological conceptions which have recognized the importance of the reeducation of juvenile defective delinquents by the inculcation of initiative and responsibility. It is interesting to note that the features of hypoglycemia which bear the appearance of overactivity and aggression may be secondary to a *decrease* of spontaneity and initiative.

In addition to carrying on such educational work it would be worthwhile to study not only the morphology, but also the physiology of the defective delinquent, their basal metabolism, sugar tolerance, etc., and to try to raise their brain activity by every somatic method available.

### SUMMARY

The author reports a number of crimes and offenses committed in the state of induced or spontaneous hypoglycemia. The finer psychological changes accompanying these conditions are discussed. An analogy is found to the psychology of defective delinquents. The basic change is the decrease in spontaneity. This conclusion seems to support those educational trends which stress the development of initiative in juvenile defective delinquents. The investigation of hypoglycemia offers unique opportunities for psychological experiments because the changes produced can be stopped and reversed in any stage of the experiment.

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65 E. 80TH. STREET.

## BEHAVIOR DISORDERS IN PRISON

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The frequency with which some inmates break prison regulations leads one to speculate on the motivations back of much of this conduct. The tendency for a particular kind of misbehavior to repeat itself is suggestive of character defects that bear further analysis. With such an objective in mind, the writer considered the various types of inmate reports submitted by guards and concluded that a classification of the sort of individual and the manner of offense to which he was afflicted could be developed. Since most overt conduct is a tension release and since the time-tension factor involved predicates the frequency of misconduct, three large groups of offenders could be selected:

- I. Sustained Tension Group
- II. Rythmically Recurring Tension Group
- III. Unpredictable Tension Release Group

The breakdown of the groups into the factors of psychogenic, organic and physiological causations follows widely accepted views on the subject. The writer has utilized the Freudian approach to the subject of mechanisms because that technique seems better to fit the facts and to offer greater hope for successful readjustments than any other school of thought.

The purpose of the classification is to provide a procedure for further investigation into the various sectors. Formulae have been drawn up in a rather dogmatic fashion merely that they may serve as signposts for future study. The outline is not to be considered as entering into an adequate discussion of any of the subjects. Furthermore, it has the serious defect of failure to treat of the interrelationships between personnel and inmates, between inmates and environment, and the sociometric implications of inmate cliques themselves.

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**An Affective-Mechanistic Classification of Behavior Disorders In Prison**

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**I. SUSTAINED TENSION GROUP**

Individuals whose affective tone and drive to overt behavior never subside to normal levels.

1. *Projection Mechanism.* An internal menace is externalized by the individual upon a person or persons or things. Inmates with generalized and poorly organized paranoid trends belong especially to this group. The need for assertion of potency (aggression compensatory to inferiority feelings) so prevalent among criminals brings a large number into this category. Behavior problems peculiar to the group are assaultiveness toward other inmates for fancied slights and persecutions; also the sustained affective tone of irritability found among paranoids leads to insolence towards officers and infractions of prison rules.

2. *Identification Phenomena*

a.) Primary identification with the father image especially where the father himself has been a criminal or has been domineering and assaultive leads to similar conduct on the part of the inmate.

b.) Secondary identification occurs in which the warden or the chief disciplinary officer (or some especially selected guard) becomes the father surrogate. The inmate in rebelling against authority, hates the father and invokes the death wish upon him (Edipus situation). The prison behavior of such individuals takes the form of numerous infractions of institutional rules, disobedience of orders especially towards work or any situation they believe will place them in an inferior position. Litigious guerrilla warfare with the penal authorities in the form of writs of habeas corpus and in exaggerated cases, an occasional veiled threat or physical assault upon the prison officials may occur. Obviously, in the larger sense, the State becomes identified with the father. In essence, all these attitudes are referable to the aggressive hostility encountered in homosexuality.

3. *Conversion Phenomena.* The expression of internal conflict by means of a physical symptom is well known to all physicians. The particular value to the patient of such a conversion is that the battle between repressed instinctive desires and the defense set up against them is exter-

nalized into a form easily rationalized and acceptable to the patient. The physical complaint becomes a symbol for repressed impulses and the extent to which the patient is willing to modify his own body so as to avoid meeting the demands of reality determines the degree to which he regresses to a very primitive level. It is an autoplasmic fixation in which the unconscious fantasies of sexual perversions signify an intended aggression (overt behavior) and defense against it in the Ego. In short, the patient genitalizes the part of the body at which symptoms appear. Conversion hysteria is the best known form of this disorder but in prisons the phenomena is encountered in many men who report to the morning sick call with various visceral complaints. Headaches, cardiac pain and palpitation, bronchial asthma and abdominal distress are the forms usually reported. Of course, each of these symptoms may have a serious organic condition back of it, but the prison physician will be careful to segregate the psychogenic from the physical cases. Inmates with conversion manifestations will not infrequently be inadequately treated by the hospital dispensary. His ailments are as real to him as those grounded in serious organic disorder. Consequently, he feels resentful for alleged negligence and since he is hypochondriacal, he freely vents his displeasure to all those who will listen to him. A feeling of distrust towards the administration can readily be worked up in this manner. The individual himself may become insolent and non-cooperative. The matter is quickly cleared up by reference of these

#### 4. *Regressive Phenomena*

a.) *The need for punishment.* In the recession of libido-flow and the reanimation of infantile wishes, a common expression of the lower level is moral masochism (need for punishment). A tyrannical Super Ego brought about the inadequate disposition of the Death Instinct by the erotic instinct directs the resultant sadism inwards. Consequently an unconscious sense of guilt develops because of the too harsh demands of the Super Ego upon the Ego. A practical demonstration of this phenomenon is encountered among prisoners who are chronic masturbators (both inside and outside prison). The sense of guilt engendered by this act finds need for retribution and the individual resorts to overt behavior in order that he may be jailed and punished. Simple infraction of rules rather than physical violence

is the usual misdemeanor. Motor expression in these individuals is likely to be explosive, impulsive and overdetermined so that open rebellion to authority if attempted is poorly timed and often appears to be silly.

The "beating fantasy" is prevalent mostly among girls, but due to the relatively large number of criminals with moral masochism and the proximity of a father substitute (the warden or principal keeper) the condition is often present in prison populations. The fantasy (arising frequently in pre-masturbatory stages) of someone being beaten carries a highly pleasurable affective tone. The prisoner, of course identifies himself with the one being beaten and in accordance with the general axiom that regressive neurotics endeavor to relive their earlier experiences, he lends himself to maltreatment by sadist or places himself in the position of being punished (bodily if possible) by the authorities.

b.) *Perverted sexual acts.*

*Sadism* is a marked characteristic of the criminal class as a whole. The formation of the Super Ego among such individuals is especially prone to be inadequate because of the abominable family situations so prevalent among the group. Since the proper selection of a stable and enduring object-relationship and the satisfactory formation of an Ego-ideal becomes impossible in such situations, the resultant remnants of the father hostility and fear of castration become incorporated into the Super Ego in such a way as to give the Death Instinct undue predominance over the life instinct. The sadistic component of the Super Ego becomes over-evaluated. In such cases, the Ego is found to be weak and tolerant toward instinctive drives. Behavior instead of becoming socialized, often finds expression in violent forms. Within prison, inmates belonging to this class are jailed because of violent assault upon inmates and guards, frequently committed upon slight provocation. In love affairs among inmates, revenge may take the form of cutting or stabbing of the rival (homosexual assault), or the attack may be directed on the love object in the form of brutal maltreatment or even murder (anal sadistic love).

Sadistic love of this nature has two pleasurable strivings, the desire to destroy the love object, the roots of which are in the early anal stage of fecal expulsion and the desire to retain the love object,

a residual of the late anal stage of fecal retention. In assault upon the love object the former of these desires prevails.

*Homosexuality* presents so many aspects that brief comment only can be made in this outline. The principal factors involved in the development of this perversion are the fixation of the libido at the level in which the male identifies himself with the father in a flight from incest with the mother. The narcissistic over evaluation of the phallus results on the one hand in the rejection of woman as a genital defective and on the other the fear of deprivation of his much prized possession (castration). If the identification, however, is made with the mother and a strong hatred for the father develops, then aggressive hostility in addition to limitation to male object-choice is evidenced. The bisexual nature of this disorder (organically determined) is admitted by most authors. As a consequence, the patient must compromise his aggressive and libidinal impulses. The love object selected for his attentions becomes fixed according to his needs and obviously is a male surrogate. The active homosexual so well known in institutions, correctional or otherwise, as the "wolf" has been publicized more than he deserves. The few men who are of this make-up become well know to the guards who can segregate them from prospective mates. The passive victim, often somewhat feminine in appearance, may require special protection. Overt homosexual acts are dealt with most severely by prisons. These acts are not commonly encountered. The prison personnel is especially watchful that rivals do not appear on the scene for the resulting triangle may readily lead to sadistic assaults. Not infrequently, the prison physician is called upon to segregate for observation an inmate in a state of *homosexual panic*. The fear of homosexual assault (in reality an ambivalent desire for the act) subjects the individual to a state of trembling anticipation. For example, an inmate escaped from prison because of an importuning group of negroes. He secreted himself within the woods so as to have a commanding view of the prison. During the time, he was in a state of conflict over the desire to be caught (in fantasy to be raped) and the desire for flight.

*Exhibitionism* among prisoners is encountered more frequently in potential psychotics and mental defectives than in other classes. The mechanism outlined in a foregoing paragraph on the subject of "The Need for Punishment" obtains here likewise. As has been



noted, the attempted neutralization of the Death Instinct by the erotic instinct leaves an unbalanced and unstable Super Ego. The individual finds himself unable to approach his object choice and, accordingly, he reacts at a narcissistic level through exhibiting himself. The libidinous drive to possess the object is offset and held in check by the unconscious dread of being consumed by it (cannibalistic anxiety). He hopes that the love object in turn may exhibit herself but he dreads that closer contact may ensue. Masturbation and voyeurism are invariably concomitants of genital exhibitionism although they may be repressed so as not to be manifested as overt behavior. At a higher and more socially acceptable level, exhibitionism may reveal itself as overdressing, boisterous behavior and other devices of the "show-off." In prison the exhibitionistic would be "big shot" may be something of a problem. A younger criminal new to prison ways may elect to prove to others he is tough and therefore must have top rating with the group. Showy misbehavior results. The old timers would never be guilty of such misjudgment. The selection of such mode of conduct, of course, is predetermined by character defects in accordance with the mechanism outlined above.

*Fellatio and Sodomy.* In fellatio the fixation of the libido has occurred at the early oral stage, while sodomy is a libido-fixation at the late anal stage. Both perversions are profoundly primitive manifestations and are encountered much more frequently among mental defectives than among those of average intelligence. Individuals who ordinarily are able to maintain themselves at a heterosexual level when incarcerated may regress to these early infantile levels. Upon parole, heterosexuality may be regained without great difficulty.

*Infantile-by-Play.* Temper tantrums, sullenness and defiance are listed so often among reports for infractions of prison rules (usually called "disobedience" or "insolence" by the guards) that brief mention of the analytic background of these infantile modes of behavior should be made. Anal sadistic regression is the mechanism involved. The late anal stage of retention, it will be recalled, is a narcissic expression of defiance towards the parents based on resentment at being thwarted by their insistence upon proper toilet procedures. The fixation and persistence of this trait into adult years, a reaction-formation due to refusal to give up pleasurable autoerotic sensations,

appears in later years as obstinancy and defiance.

Clowning and horseplay are mild forms of exhibitionism which frequently gain reports for misconduct among certain types of inmates. Among defectives especially reports for filthy habits are traceable to the retention of coprophilic practices of the anal stage of infantile development.

5. *Acquisitive Tendencies* from a cumulative viewpoint provide more aggravation to the prison executive and greater loss of time to offenders than any other form of misbehavior. Eternal vigilance on the part of the personnel is required to maintain accountable storeroom inventories. Continuous thievery among the inmates themselves is commonplace. A large percentage of criminals are incarcerated for that offense. The taking of food and articles of clothing that can be obtained in no other manner, obviously, may be entirely devoid of any psychopathy. Persistent thievery for no demonstrable purpose, however, is far from being an infrequent phenomenon among criminals. In such cases the avarice is founded in a pronounced anal character. The pride in possession of articles denied others, the sense of power (feces equals money equals potency) arising from possession, the hoarding of the stolen goods as an expression of self-willed independence, all are founded upon the retention phenomena of the late anal stage of development. Stealing based on compulsive tendencies will be considered in the next chapter of this outline.

6. *Tension Organically Determined.* Organic disease of the central nervous system provides a number of symptoms that are contributory causes to misbehavior in prisons. The deterioration disorders (syphilis, alcohol, encephalitis, arteriosclerosis) are especially fruitful sources of "trigger phenomena." Among neurosyphilitic residuals the symptom of headache is particularly bothersome. The patient wants to be left alone, he reacts slowly and in a dull manner to command, or he may become suddenly resentful and assaultive. The cerebral arteriosclerotics are prone to be irritable. They will be argumentative in their contacts with other inmates and with the personnel. The attention disorders so prevalent to this group may lead to delayed and faulty response to commands but the guard soon learns to make allowance for his patient. Obviously, in prison populations whose mean average age is in the twenties, this disorder is relatively uncommon. Postencephalitic phenomena make available a field rich in material for behavior disorders. The leading symptom of restlessness is the most trying one to the in-

dividual who has to handle such people. Occasionally a Parkinsonian syndrome is encountered but fortunately the encephalitides are rarely encountered in full bloom among prison inmates. Residuals, however, are very common and are likely to be overlooked by the casual examiner. They are of no significance from a behavior viewpoint. The effects of chronic alcoholism, it must be recalled, have their origin in the mixed condition of organic and psychogenic factors. To the irritability and dulling of moral sense and perception that arise out of toxic sclerotic effects upon nerve tissue one must add the psychological background of flight from reality and unconscious homosexual conflict. The habitual use of alcohol, of course, is merely a symptom of underlying psychopathology. The net result, so far as behavior in prison is concerned, is chronic irritability, and defective moral judgment. These men are great grumblers and are resentful of any restrictions.

*Malformations and physical defects* have a greater incidence among criminals than in the community itself, due to the relatively poorer stock from which offenders spring. The development of feelings of inferiority due to small stature, limping gait, kyphosis, squint or other defect is a well known phenomenon wherever men are assembled into large groups. Fellow prisoners are not too delicate in the manner in which they handle the physically defective individual. Compensatory strivings may completely offset such a disadvantage but too often the individual offender makes this a pretext for an attitude that has origin in other sources of inferiority. The explanation of the particular manner in which the individual psychologically accepts his handicap, resides in his personality make-up. Deeper analysis of the offender who fails to use his defect as a springing board to greater achievement reveals in all probability he is suffering from the narcissistic scar of unsuccessful resolution of the Edipus situation. He has failed to identify himself successfully with the father, and the father-son conflict becomes transferred to a struggle between Ego and Ego Ideal. The tension thus generated appears socially as a snarling, irritable, non-cooperative relationship with whomever he is forced to contact. In prison, these men are especially difficult to give adequate job assignments. Overt behavior is not common because the individual becomes quite adept in knowing just how far he may project his hostility upon others.

7. *Physiological Imbalances.* Among the *endocrinopathies*, the condition of hyperthyroidism lends itself most readily as a source of conduct

disorders. The restless activity and irritable mood of these patients makes for impatience at restraint and regulations. Unless the individual is most carefully placed in his job assignment, the task will be too aggravating to him. Hypopituitarism especially of the Fröhlich syndrome type stands second in relative importance as an endocrine imbalance leading to conduct disorder among prison inmates. The rolly-polly cupid-like appearance makes such individuals the butt of continual joking on the part of others. In the general bath sessions, the patient is pointedly reminded of his feminine physical characteristics. Since potency is overevaluated by criminals, the condition of genital adipose dystrophy is peculiarly prone to develop a sense of inferiority in the unfortunate victim. Compensatory reactions lead to overt behavior. The incidence of dysplastic endocrine types, the cretenoids, myxedematous and acromegalic cases are especially prevalent among the mentally defective groups. Usually the mentality is too low for reactions to feelings of inferiority to be present. It is a well known fact that all of the foregoing imbalances are really pluriglandular and that the psychological as well as the physiological effects are more inclusive than the presenting symptoms suggest.

In recent years *neurasthenia* has lost caste with investigators as a disease entity. Nevertheless, the concept is of distinct value in rating conduct disorders in prisons. The fatigue syndrome so characteristic to this state leads to emotional irritability, lack of attention to the task assigned and a general listlessness. Infraction of prison discipline becomes frequent under the circumstances. The asthenic states encountered among convalescents just discharged from the hospital and wasting disorders of tuberculosis receive adequate consideration by the personnel. The individual is not assigned to duties greater than his strength can bear. The most fruitful source of asthenic conditions, however, is masturbation, which is obviously quite prevalent among large mass-segregated groups such as prisons, camps, and military forces. Phallic overevaluation leading to regressive autoerotic behavior is especially significant because of the rich fantasy material that accompanies it. The Edipus situation is revived in all its former intensity and the anxiety engendered by the threatened castration by the father later becomes transferred over to the masturbatory act itself. The attendant feeling of guilt resulting from disobedience of parental prohibitions plus that of incestuous fixation upon the mother seeks expiation through the need

for punishment. This attribute has been treated in a foregoing chapter under the title of "moral masochism."

The incidence of gastric and duodenal ulcer, which properly is to be considered a physiological imbalance, is marked among offenders. In addition to the cachexia, there is a persistent gnawing irritability both physical and mental that renders the subject ill-fitted to adjust himself to closely confined groups. Surprisingly, this type does not break prison rules, but he may become a nagging nuisance in his complaints. The neurotic background to the cases is well known so that a combined medical and psychotherapeutic program is indicated.

## II. RHYTHMICALLY RECURRING TENSION GROUP

To this group belong the episodic manifestations. An increasing tension is steadily built up to the discharge point where overt behavior is followed by more or less complete tension release. The pattern tends to repeat itself at fairly well-defined intervals.

The *epileptics* (non-convulsive as well as convulsive forms) are the outstanding representatives of the build-up-blow-off type of behavior. The condition in all its phases is to be considered a symptom complex rather than a disease entity. Epileptic furore with its maniacal, murderous method of expression is the most devastating conduct disorder but the personnel learn to know these patients and to meet the situation properly as it arises. The same procedure prevails with the convulsive cases. A great percentage of non-convulsives, however, such as those suffering with epileptic equivalents and epileptoid manifestations as well as those having epileptic personalities remain unrecognized. A complete understanding of what the patient is accomplishing for himself in these periodical emotional and psychomotor discharges is necessary for his proper care. Tension, both psychic and motor, as the result of internal conflict, are summated against a barrier of social conduct until the restrained energy breaks through as a torrential discharge at all levels (psychic, sensorimotor, physiochemical). The attack is a flight from unbearable reality into unconsciousness (grand mal), or into epileptic equivalents in which the automatism (petit mal) dream state, fugue, are usually transitory and recovery is attained with complete amnesia for the event. During the amnesic period crimes and overt behavior may occur. Not infrequently one will note such an inmate immediately after an assaultive attack to have a wild staring look, to be mildly confused and with the vaguest notion as to what



has transpired. It is the belief of the writer that these men enter a situation with a clear sensorium but as action and emotion increase (e.g., during an argument or a fight) a state of confusion ensues. Accordingly, epileptic phenomena are strongly regressive in character and enable the individual to disport himself at an infantile level, thereby bringing about the fulfillment of a wish and the escape from some impending responsibility or painful necessity for adaptation. Convulsive phenomena appear to be analagous to decerebrate rigidity. Despite the dramatic nature of the foregoing disorders, the epileptic personality remains the most important of the lot. In addition to the irritable, suspicious and even morose make-up of these individuals there is an insincerity coupled with a Napoleonic complex (carefully veiled) that makes for a most unreasonable and egocentric character. They are extremely difficult to get along with and their transitory ill nature places them into prison segregation quarters quite frequently. The basic etiology of the disorder usually remains unrecognized.

*Obsessive and compulsive states* are among the most interesting phenomena encountered in criminals. In the consideration of obsessive stealing (kleptomania), one must differentiate thievery from purely acquisitive tendencies. Both are without practical purpose. The former, however, does not prize the stolen object but obtains the greatest pleasure out of the act of stealing. The latter prizes and gloats over the stolen object although it may be of no use to him. In obsessive stealing, the regression is to the early genital stage- a re-enactment of the Edipus situation in which the boy desires to rob his father of his manliness. The stolen object, then, becomes the symbol of potency. Because of damaged narcissism in early childhood, the obsessive stealer seeks to recompense himself through theft. The condition is usually found among women but occasionally occurs in male prisoners.

The type of object stolen is of importance. The transference of libido from surrogate to an inanimate object (fetishism) has its origin in the castration complex of primary narcissism. The particular kind of object stolen with respect to its color, shape or use is affectively enriched by the stealer with associations in connection with the first love-choice. In addition, the fetish is easily obtained and carries with it no social disapprobation. It becomes the means both for the denial and the assertion of castration - the shock of knowledge of woman's lack of phallus. Through it the fetisist reproduces in fantasy the genital organs of the woman.



While obsessive stealing is rare among prisoners, fetishism is by no means uncommon. Workers in laundries and those who have farm assignments and possible availability to nearby residences must be carefully watched. A study of inmate possessions within the cellblock is always revealing.

### III. UNPREDICTABLE TENSION RELEASE GROUP

1. *Transitory Accidental Situations.* Many occasions arise where the tension is temporary and is bound up in a situation that is not likely to repeat itself. A prisoner for example may find himself drawn into a fight because he happens to be on the spot at the moment. Gang feuds may have an intense existence but they are short lived because they are broken up by segregation or transfer of the leaders concerned.

2. Sudden uncontrolled explosive outbreak may occur on the part of an inmate who has had a perfect prison record to date. In such cases a deep seated unconscious resentment against authority has smouldered for a long period. The defective social restraint in these cases comes from the lack of an adequate early family situation. A satisfactory Ego-ideal has not been formed, and adjustment to the social demands of the community has never been properly patterned.

3. *Potentially psychotic* prisoners present no conduct profile that may lead one to predict the type of adjustment to prison routine they are capable of making. Every prison contains a nucleus of latent schizophrenes whose adjustment is always problematical. Some who develop full-blown psychoses have to be transferred to a state hospital for the criminal insane. Most of these hover about the threshold and present a series of eccentric and wholly unrelated episodes of various kinds. The prison psychiatrist often notes cases that have had previous residence in state hospitals. Some of them have deteriorated and only poorly defined remnants of hallucinations and delusions can be elicited. These men seldom give the authorities any trouble. Younger and more active cases are frequently subject to periodic outbursts ranging from restless euphoric states and anxiety-depressions to simple depressions. Cyclothymic disorders are not so prevalent as one might expect. The extent of the period of the disorder may range from twenty-four hours to several days or weeks. Seldom is it prolonged to the extent that transfer to a state hospital is justified.

In conclusion, the inference may be drawn that a degree of insight into the causations of an inmate's misbehavior while he is in prison, may provide the means for more adequate control of anti-social behavior during parole. A liaison between the prison psychiatrist and the community mental clinic on behalf of the parolee will be a distinct step in the direction of better adjustment of these individuals.

## COMPULSIVE STEALING

### *Contribution to the Psychopathology of Cleptomania*

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Various authors have tried to investigate the problem of compulsive stealing. Some of them have put emphasis on the constitutional and social background and thought that to be the main factor in creating that pathological behavior. Others have tried to emphasize the psychological aspects as the causal factor and tried to look upon the stealing itself as a symptom or a part of Neurosis. Both had to come to the same conclusion.

Compulsive stealing was described as being the result of the Oedipus conflict; resulting from spite; as compensation for penis envy; as the outgrowth of competition and sibling rivalry; as a direct expression of finding pleasure which had been denied, *etc.* All these causes are naturally valid and one or the other may be of utmost importance. In some cases all the enumerated causes, combined, may be present, which result in the overt action of stealing.

One thing is certain. Every patient who has ever been investigated extensively showed some faults in the critical appreciation of the factors of reality. All of them showed an overwhelmingly strong instinctual drive which clouded the function of critical faculty. They were unable, consciously, to resist, and they could not prevent the breaking through of strong drives from within which lead to stealing.

Unconscious factors are to a great extent responsible, in such patients, for producing character traits which may lead to their antisocial behavior. It is generally accepted, nowadays, that such unconscious motivations play an important role in all criminal actions. Also generally accepted is the fact that such unconscious factors are due to impressions and patterns of behavior acquired in childhood, due to the relationship between the child, parents and other siblings. Many reactions found in adults can be traced back to early childhood impressions,

such as, frustration, deprivation, feeling of neglect, of not being loved, and mostly the feeling of complete rejection.

The following clinical contributions do not profess to introduce any new material concerning the psychopathology of kleptomania.

However, they may stress certain important points which may help in the selection of such cases for therapy, and also may help one to depict certain cases suitable for psychotherapy, where one can expect beneficial results. The origin of their problematic behavior has such deep, powerful complications, that such patients require long, detailed analysis, since their conditions are the result of rejection in very early life.

There are patients who come for treatment because of tendencies to steal. Although at one time they may have been able to cope with these tendencies, now, because of a constant fear of being found out, or a fear of the urge becoming so strong that it may lead to a major crime, which in turn will make it impossible for them in their social set, the problem has become so great that they find it impossible to comprehend.

One of my patients who came for treatment because of long years of persistent depression, had to struggle right through her late adolescent age against the tendency to steal. At the time she came to me, she was married and a mother. Those tendencies to steal were long repressed, but in the course of analysis they would reappear in fantasy. Her aim, during adolescence, was to injure some person.

Her symptom complex, her depression and her tremendous aggression, all were due to those very early years of the pre-oedipus period of her development. These were especially characterized by very early experiences of rejection by her mother. In her case it was remarkable how she could not escape experiencing strong feelings of rejection because of her nursing period and happenings up till about the age of three.

The patient's oldest sister gave birth to a child just about the same time the patient was born and occasionally that sister would alternate with the mother in nursing her, and just about the time she was weaned from the breast, the mother and sister again had children. She remembered this period very vaguely but heard about it from various members of her family later on. However, evidences are plentiful that she was quite active around those children during her early years, and it is rather strange that she remembered so little.

In analysis it became apparent that this period of her life was quite painful, which was responsible for many of her symptoms later on.

She was talented and accomplished in many ways. At the puberty age, she had already begun to carry responsibility. She completed difficult tasks, as an adult, without complaint. However, the experiences, of her early rejections by her mother and alternate, doubled her feeling of rejection and magnified her sensitivity to later life experiences.

In puberty and adolescent years, stealing from her mother or substitute mothers brought up a problem, which later on ceased automatically, but the reoccurrence of fantasy during analysis threw light upon what that mother, in reality, was to the girl. The outstanding tendency was to hurt her mother who rejected her and to compensate herself with force in the stealing, for all rejections and frustrations.

Her dreams led to even more definite clues which showed that the stealing revealed a wish to steal back the milk, (symbolical of all affection), which was taken from her by both mothers to be given to the other new born children, and also the affection of the father, to whom she became very much attached in those early years and with whom the attachment was maintained until adulthood.

Another case is of a patient who in her early school life stole books and other supplies from the school and other schoolmates. This tendency eventually ceased automatically. However, in her adult life, after she was married, this stealing tendency reoccurred, together with the tendency to cheat in cards.

She rationalized her rare stealing of articles of little value from stores in a very interesting manner, saying that it was much simpler to take the articles, when there was no one to wait on her immediately. The things she stole she used as gifts to her husband. The objects themselves, and how she used them are definitely symbolical. It has to do with intercourse and the penis. Not being waited on in the store naturally had its early parallel in not being waited on by her mother, and the importance of stealing was to damage mother and enrich father. The same principle applied to her cheating when she played cards with women - all of them representing mothers whom she wanted to harm.

Her early life was that of a frustrated and rejected child and her compensation to a degree came from the father. Although, intellectually, she matured at a rather early age, her habits and her social adjustments were those of a young person.

In the following I shall try to give in greater detail the history of

a patient in her early twenties who never stole anything important, as far back as she can remember, except things such as children will steal, candy, preserves, *etc.*, from her own home. However, in the course of analysis definite impulses to steal appeared and she really had to fight hard against these impulses, which occasionally were quite strong and which demanded the assertion of a strong will power to resist the temptation. As the history will show, her stealing tendencies were also outstandingly the result of her violent aggression to damage, to destroy and to castrate.

She was, what we would term, after her description, an unwanted child. Her mother, when the patient was born, wanted a boy, and when a girl came along, she was very disappointed and, consequently, showed very little love for the child. At the age of five, when the much wanted boy arrived, the patient was entirely neglected by her parents. Although, in analysis, she always emphasizes the fact that she is glad she is a girl, she, nevertheless, is dissatisfied with her lot. Her parents, from what she states, are nervous and intolerant towards the other children except her brother.

She trusts no one, least of all her parents. During her adolescence she learned that her mother had had several therapeutic abortions, because she did not want any more children. This angered the patient, because she felt that it was only the sexual pleasures her mother enjoyed and was not willing to suffer the consequences. That distrust in her mother, which had its roots at a very early age, is characteristic of her attitude toward everyone.

As a child, she was told by her mother, that she was ugly. Now, although she is quite attractive, she dislikes being told of her good looks, because she feels that it is just a lie or perhaps flattery.

She is exhibitionistic in her behavior as well as in her dress, and it is her conscious aim to attract men to her and then to laugh at them. She claims she has never experienced genital sexual feelings, although she has indulged in petting and enjoys being kissed and having her breasts fondled, her purpose being to feel close to and be loved by someone, which she missed at home. She has outspoken and vivid prostitute fantasies, all centered about her home difficulties, where all she heard was that she was no good, that she was stupid and could not do anything. At least she wanted to be good for one thing, if not for herself or her family, then for others.



A dream she had, vividly portrays that situation. The dream is as follows:-

She was lying on a man in a very peculiar manner, the man lying on his back and she was lying on top of him on her back, but no genitals can be seen. She is aware of some secretion on her body which appears to her as oysters. Her father is standing by looking at her and she has the feeling that he is forcing her to indulge.

The association to this dream reveals her distorted fantasies concerning sexual relationship between man and woman. For example, she states that she definitely did not know that man has pubic hairs. It became evident that her knowledge of menstrual flow, vaginal secretion and semen is indecisive. Her tendency not to see, not to realize the difference between man and woman, and her denial of turning away from man in her dream in order not to see, also became evident. Her father forcing her to have relations with the man in her dream is connected with her feeling of rejection by her father, who, in reality is that type of person and who does not pay much attention to the patient and never did, his favorite being the boy and the oldest sister. Her dream also carried her aggressive tendencies, as though she said to her father, "You did it, you didn't want me, and now you forced me to do it." Thus placing the responsibility on him, which in reality she has consciously tried to do. She has accused him of causing her all the trouble by abusing her and also by being rough to the other members of the family.

Another dream about the same time was as follows:-

"I stole and became a crook, and I awoke with a cheerful feeling of being a crook."

The preliminaries to the dream were that while she was sitting in my waiting room, a few days before, she felt a strong impulse to steal two ashtrays which looked very much like two her mother had once bought for her home, and which she hated intensely. It was quite an effort for her to resist the temptation and she also resisted telling me about it. After the dream discussion of the impulse to steal came up and it became evident that her outstanding desire was to be a crook, whom everyone would dislike and she would be persecuted by everyone. In turn, then she would be justified in hating everybody who was against her.

She repeatedly expressed, "I want to be unfair and rotten. It is the only way of fighting back." Later, when she acquired clearer insight into her problems and went along for awhile in a more cheerful

mood, she began to go out with some men friends more frequently. She expressed her feeling in the following manner:-

"I am afraid because I go around and do not want to kick everybody as before. I am afraid of what will happen to me. As long as one hates one is protected. I am milder. I feel like living, but I am exposed to harm again."

That attitude is characteristic of neurosis where hate and aggression are the dynamic forces which cause the neurotic problem.

It was impossible for her to accept the fact that she was liked. She could not permanently accept the fact that her parents were doing so many things for her because they like her. She could not believe that men desire to marry her, because then she would have to revise her entire former attitude of hate and distrust, which was a result of accumulated experiences of frustration and rejection, which naturally, carried wishes of death and destruction tendencies against both parents.

Up to this time she tried to justify her hate by constantly proving to herself that her parents are bad, that they disliked her, even hated her, first. They rejected her, and that gives her the right to act the same way. To accept the fact that her parents and people, in general, like her, would make her feel guilty, because of her former destructive attitude directed against her parents and everyone else. That guilt, in turn, would make it impossible for her to go on living. She would have to destroy herself.

That fear of sense of guilt and the punishment involved are the nucleus around which all her symptoms were created. The other aspect, why she must distrust and hate, is, if she did trust and love again, then she may again be disappointed, as she so often had been, particularly in early childhood.

Naturally, she was very ambivalent in her feelings. Love and hate always coincided. When she wanted to be kissed and in a man's arms, she could not control biting him and causing him pain. As she expressed, "I cannot tolerate the fact that I have to depend upon man for any gratification. That is why I do not consider marriage." Unconsciously, however, more than anything else, she wants to be dependent.

In her fantasies of stealing and being a crook, she realizes many of her tendencies. It makes her feel like a man, who dares to do more and who is permitted to do more than a woman, 'and who gets away with it.' 'Why is it when a boy does it, it is right, and when a girl does the same thing, it is wrong?' Naturally, the basis of it all is the resent-

ment of not being the oldest sister, father's favorite, or the youngest brother, favorite of both parents.

The problem of birth-right, and the correction and reaction to the problem played a very important role in her anti-social tendencies.

Her enormous sense of guilt also played its role in her compulsive stealing tendencies, because it meant being guilty of something which represents a lesser offense than what she wanted to commit, mainly, damaging and destroying both parents.

The cited cases are from the environment of the better class, rather than from the majority of those adults and juvenile delinquents who are afflicted with Cleptomania.

It has to be taken into consideration that in contrast to these cases, there is another type from a possible social strata where the whole environment and the home atmosphere are such that will add a great deal to the preparation for a criminal career.

Although one could argue that the social and constitutional aspects may be of greater importance in the causation of crime and as-social behavior than the psychological factors, psychoanalytic investigation definitely proves, in the above cases, that the major factor lies in the emotional maladjustment of these patients.

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## A PRELIMINARY REPORT CONCERNING MENTAL PATHOLOGY FOUND IN AUTOMOBILE DRIVERS\*

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The Psychopathic Clinic of Recorder's Court has, during the past eighteen months, studied over five hundred violators of the traffic laws, including many who have been involved in accidents. Within the past year a special survey was made of three hundred forty-eight drivers with reference to psychophysical traits and aptitudes, intelligence, psychopathological mechanisms, and mental disease. I am reporting here particularly the findings of the Clinic in regard to major mental pathology which was disclosed in our psychopathological examination. Thirty-eight types of major deviations were diagnosed in the three hundred forty-eight cases but I shall discuss here only those deviations which occurred in more than ten cases.

The first major group of mental deviates are the chronic alcoholics with deterioration. These constituted four per cent of the cases (13 subjects) seen, and by analysis of these thirteen it was possible to determine some characteristics of behavior in the traffic situation. The accidents in which these patients were involved were largely those which were due to impulsiveness. In explaining their accidents these individuals, very definitely, were unable to describe exactly how the accident occurred. There was a tendency found in all of our mental deviates to blame the other individual. But upon an analysis of the accidents, it was found there had been in all of these alcoholics, some immediate drinking. Probably at the time of the accident, the hand had been incoördinate, the eyes were unable to follow the car in front of of the driver involved. Apparently there had been some limitation of the field of vision from the extreme lateral margins because there was a greater number of crossing accidents than head-on or rear-end col-

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\* Read at *The Twenty-Third Annual Meeting of the Michigan Academy of Science, Arts and Letters*, March 18, 1938.

\* From the Psychopathic Clinic of Recorder's Court -- Series T-12.

lisions. When seen in the Clinic the chronic alcoholics showed physical signs of excessive alcohol absorption, having the typical red nose, shakiness, and unreliability which is so characteristic. The frequency and amount of alcohol imbibed differed with the various individuals but our criteria demanded at least three or four "shots" each day, or very heavy drinking one or two days each week with lighter drinking between times. We placed one man who was in the habit of going on thorough-going "sprees" at the end of each week, but remained comparatively sober between week-ends, in the chronic alcoholic group.

Another major group of mental deviates found in the Clinic examination was the group of feeble-minded, economically adjustable in type. These constituted 29 or 8 per cent of the cases examined last year.

This group of feeble-minded individuals did not show a typical behavior pattern. In breaking down statistically the types of accidents and difficulties into which they got, we found that their difficulties were dispersed through just about every kind of antisocial variant behavior. The largest number had long records of traffic tickets, although there were two cases who were relatively arrest-or-summons-free for a period of as long as thirteen years.

It is not the opinion of the Clinic that feeble-minded individuals are *necessarily* accident-or violation-prone. Since this "adjustable" group have proved themselves to be able to get along economically to support their families and to keep out of trouble to a relatively great degree, it seems to be necessary, therefore, not to rule the defective off the highways as has been suggested by some officials, but to break down the type of performance in which the feeble-minded individual was engaged when violating the traffic law to see whether it might be an indication of a major judgment defect which would be expected in a person with low intelligence. To segregate the dangerous from the relatively safe as far as accident-proneness is concerned among the feeble-minded we find ourselves able to define two policies:

First, we can consider that the feeble-minded who are economically adjustable are all equally safe with non-defectives on the highways, as they might well be if they have no psycho-physical or physical disabilities but we must warn these of the likelihood of revocation of driving privilege in the future. Second, we can curtail their driving to week days or to commercial purposes again with the warning that further

infringements on the rights of others will result in the permanent loss of license. A check of ten of the twenty-nine cases over a period of seven months has been made and they have not been in more trouble since. This is, of course, too short a period on which to base definite judgments as to the soundness of our policy but it indicates a corrective trend.

The next major group of deviants which were of numerical importance last year was that of "inferior intelligence." In this group we classed those who roughly would have intelligence quotients from 65 to 79. Naturally, in dealing with adults many of whom have a neglected educational opportunity so far as background and learning is concerned, the diagnosis cannot be made entirely by the intelligence test. If it is found that the individual is at the high end of the range, the diagnosticians are inclined to be liberal and not to consider him distinctly an inferior individual but more likely to be "dull normal," and he is classified within the "normal" group. Naturally, we cannot consider all normal individuals capable of driving cars, as we have reported on a previous paper.<sup>(1)</sup> The attitude of the driver is extremely important. A normal individual with a bad attitude is fully as dangerous as an inferior individual with a good attitude.

The inferior individual who gets into court, as well as the feeble-minded, is likely to involve himself in certain types of violations and accidents. Predominant among the types of behavior exhibited by this class of violator is the rather bizarre appearance which this class presents in court. Their reasons for getting in trouble and their appearance before the judge are such that the judge sends them to the Clinic for they seem to be insane. They will say such things as this: "I didn't think I needed to stop even though I saw the stop sign," or "The speed limit doesn't apply at night."

In even more dramatic ways these individuals excuse themselves for traffic offenses and the reason for this eccentricity apparently lies in the fact that the feeble-minded and borderline are too stupid to think up a reason which would appeal to those brighter than themselves; consequently they either tell the truth or tell such an obvious lie that they are promptly caught.

The next major personality deviation which we listed was the "psychopathic personality," the egocentric type constituting 10 per cent;

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(1) SELLING LOWELL S. The Work of the Recorder's Court Clinic. *Proceedings of the Michigan State Highway Conference, Ann Arbor, Michigan. February 16, 1938.*



the inadequate type 10 per cent, and the unstable type making up a percentage of 14 of our total for 1937.

The most obvious reason for such a large number of unstable psychopaths getting into trouble and showing up in court would apparently lie in the fact that they are easily upset in a situation where quick judgment is concerned. While they might be able to get along relatively well with their families, although in most cases they do not, they are impulsive and unstable to an extent so that they will argue with a policeman where a smooth, quiet, demeanor might enable them to escape with a warning. Or they will become so disturbed over the fact that they are late to work that they will impulsively drive through red lights and stop signs.

The term egocentric speaks for itself. These are the drivers with whom we are all familiar who think that the traffic laws are made for them to violate even though other people will have to obey them.

The inadequate individual occurred so frequently in our group, that we were somewhat surprised. It seemed at first that the inadequate people might show a deviation in the economic sphere or in some sphere of social adjustment outside of automobile driving but because of their inadequacy they would probably be careful to obey laws and would get into very little trouble. On the contrary they do not seem to obey the law. In spite of their adequate intelligence they seem to have trouble in comprehending the idea that the easiest way for them to adjust is to follow directions implicitly and to use the utmost care in dealing with other people.

The Clinic, of course, found many psychotics of various sorts and many frankly feeble-minded individuals who were of the non-adjustable type, but the deviations which have been discussed in this preliminary report seem to be the most common among drivers. Individuals having the personality or intellectual deviations which would place them in the groups briefly described herein, would seem to be those who will need most watching on the highways in the future, namely, the chronic alcoholics, the economically adjustable feeble-minded, the intellectually inferior who are not feeble-minded, the psychopaths, particularly those who are markedly egocentric, unstable and inadequate.

## PERSONALITY TRAITS OBSERVED IN AUTOMOBILE DRIVERS\*

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It is not a novel venture to examine traffic offenders or individuals who are candidates for driver's licenses. It is my opinion, however, that the approach which has not yet been developed to an optimum degree is that of not only examining these offenders physically and intellectually but covering other phases in their mental and neurological makeup. The special traffic unit of the Recorder's Court Psychopathic Clinic was established in October, 1936, and up to the time that this was written three hundred cases had been seen.

The literature is full of examination methods for traffic offenders but these are largely physical and psychophysical. The optometrists have stressed vision and the psychologists have stressed such tests as reaction time, judgment of speed and distance, and other laboratory experiments which have been proved to correlate in some degree with aptitude in driving.

The approach of the Psychopathic Clinic is somewhat different. With the increase in the number of deaths in the United States, the accident situation has become acute. We feel that it is just as acute in Europe, although probably the same amount of space is not covered by automobiles in proportion to the pavement area. In other words, the highways are not so crowded, hence the chances that two automobiles will attempt to occupy the same space at the same time will not be as great. It is imperative, therefore, that every effort be made to understand the driver of the motor vehicle, either because he has a tendency to get into an accident or because of the likelihood that he will have an accident.

Because of this we approach the driver from this standpoint. Since as a matter of pure chance there is likelihood that two cars will be likely to want to occupy the same space at a given time possesses a chance

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\* From the Psychopathic Clinic, Recorder's Court. Detroit, Michigan. Series T - No. 9.

relationship expressed in a number of occasions but, due to rules of the highway such as "stop streets," rights of way, and the fact that traffic flows on one side of the highway in the same direction while that in the opposite direction finds itself on the other side of the highway minimizes the number of cars which will occupy that amount of highway.

There are two features which are significant causing individuals to violate rules of the road. One of them is the inability to see an object; the second is the inability to respond in time to control his vehicle so that if he does see the object he can either stop or avoid it. There has been a tendency in the past to disregard the fact that there are individuals whose attitudes are such that although they may be able to see the object which they should avoid and be able to react sufficiently rapidly so that they could stop or dodge around it, they did not do so because of some attitudinal deviation. It was this that we tried to approach.

We eliminated, first of all, the possibility that the patient could not see the oncoming or transversing object. This could easily be eliminated by examination of the field of vision by means of the ordinary campimeter. A number of cases of our three hundred which had campimetric weakness were infinitesimally small: one or two dubious cases and one special case sent in because of a number of lateral collisions which was not included in our three hundred. Visual acuity seemed to be not important unless it was extremely defective for it was obvious that the number of lines of light subtended by a motor vehicle in front or coming along the side of an object cuts so many rays of light that at one-fourth mile it would be even larger than the twenty-two hundredths figure on the Snellen test chart. The discrimination of fine changes in direction and in movement is more or less imponderable. DeSylva has devised tests for this, but our clinic has not been able to make them function properly. Judgment of speed and distance is seldom found to be inaccurate, so we can consider the likelihood that an individual will get in trouble because of an optical defect or a perceptual defect based on optical sensation as being relatively unimportant. Naturally a blind man should not drive or a man whose vision is extremely bad should not drive, although we can point to three cases who had twenty-two hundredths vision in both eyes who had been driving for some fifteen years without an accident. It is very true that as the highways tend to become more crowded the limen or threshold for accident

prone to accidents due to visual defects goes down and there is an increasing likelihood probably following Waber's law of accident proneness on a basis of visual defect.

On the response side several observers have shown that there is very little deviation in reaction time according to conventional test methods. It is around .5 for men and around .55 seconds for woman. Going at twenty miles an hour one-tenth of a second probably means nine feet required to press upon the brake pedal, which is about a third of the time required for the actual mechanical operation of the brakes to stop the car. Except for six cases having an actual organic disease such as syringomyelia, infantile paralysis, arteriosclerosis, or paresis, reaction times were seldom found to be long. We could find one or two non-organic deviates but it was interesting to find that neither of them had gotten into collisions because they had not put down their brakes fast enough. Their collisions were due to other defects such as driving through stop signs or through a red light (possibly due to "day-dreaming"). One case with a slow reaction time with no other major deviations except feeble-mindedness was found to have had a succession of rear-end collisions which we attribute very directly to the reaction time. His reaction time was so long that it was obvious why he had bumped into the backs of cars which had stopped immediately in front of him.

What then are the causes of poor reaction time as we have seen it in the clinic? First of all we have found one or two cases of idiopathic slow reaction time, namely, this particular psychological trait was weak without any other weaknesses that we could elicit either on the physical examination, psychiatric examination, or psychological test. We have found two cases of slow reaction time accompanied by feeble-mindedness which probably means a basic nervous system weakness. In addition, one case of paresis, two cases of encephalitis, one case of anterior poliomyelitis, one case of Little's disease, which was not enumerated in our three hundred but was a private test given by this reporter, and four case of cerebral arteriosclerosis, five cases of chronic alcoholism, all had slowed reaction time. This would lead us to believe that if one made a thorough physical examination one could predict that there would be a slowing down of the reaction time. How important this is we cannot tell for, as I have indicated above, these individuals were not in accidents due primarily to their reaction time but rather to other deviations accompanying their physical weaknesses. Encephal-

itis particularly seems to be of importance in the reaction-time picture.

But, with the examination of traffic offenders, we approach a new era in psychological evaluation of emotional mechanisms. Background, psychophysical structure, physical structure, and emotional traits all enter into the personality. It is possible under these examination conditions to make an evaluation of the personality which has not been made before. Examinations of the criminal, and this is by no means new, have revealed certain tendencies on the part of the criminal, which one could not elicit from examining either the normal in the psychological laboratory or the abnormal in the psychopathic hospital. If we carry this picture over into automobile driving, we find something still different. We find the man's reactions to a situation which is relatively normal to the greater percentage of the people, yet one in which he may behave in a way in which he should not. This may be due either to a judgment defect or to impulsiveness or to a bad attitude. These traits have been examined previously by the interview.

It has not been possible to observe anybody over a sufficient length of time and under sufficiently varied conditions to get an accurate scientific picture. Only too often even in the case of the offender there is nobody watching when the atypical reaction is exhibited. But here with the traffic offender we usually have witnesses, either bystanders on the street who see where the mistake in judgment is made or somebody who was actually in the car to give an accounting of how the person behaved.

First of all, the great majority of offenders who have no psychophysical or physical defect have an attitudinal defect. We have attempted to test this by means of either a cross-out test, a multiple-choice test, or a polygraphic recording under the influence of a simulated driving situation. None of these have as yet proved successful, but we have not yet completed our work.

We have found that there is a great variation in the likes and dislikes in the cross-out test. The man who has had friction with a traffic policeman often rejects traffic policemen and all of the laws. Carrying this picture on further by carefully studying the man we may find that this rejection is not new, that there was a father rejection and the policeman stands *in loco parentis* and the policeman is a father substitute. In ten cases which we have seen and perhaps more where we did not get full information, we found that a general antisocial attitude, closely akin to egocentricity of rejecting law and order, carried over

into the traffic situation. These are found usually in young boys varying in age from 17 to 25 where there has been friction in the home or where they have been brought up in a delinquency group. The first depredations were usually as juveniles and consisted of simple larceny. Three of these cases served time in penal institutions and carried the same aggressiveness which made them break and enter homes or commit robbery, while armed, into the traffic situation. They would drive through red lights, would speed with no obvious reason for there could be no reason found for their hurrying, in other words they are egocentrically antisocial.

In women we find another situation. By checking women drivers on the street we noted a type of claustrophobia. The woman prefers not to be too close to the right hand curb. This could not be due to any weakness in the eye on the right side as there is no sex difference in this respect. It could not be due to the fact that the right hand is particularly weaker for one would find that there is a greater strength in the right hand in both men women by use of the dynameter, so the resulting conclusion rests in an attitudinal picture. Only too frequently a man following a woman up the street will observe that she will go far to the left of the lane if it is more than a single lane highway and might even cross the middle line in her attempt to escape from the side-line. There is a greater tendency, according to the findings of many psychiatric clinics in the United States, for women to be claustrophobes so that this explains, at least in part, this middle of the street tendency.

We find also another major deviation, namely, those who come from suppressed races in this country, Negroes particularly, make up in aggressiveness in driving for their lack of ability to succeed and to have social opportunity. In certain districts in the city of Detroit where members of these either national groups or racial groups live, one finds a greater proneness to rapid turning away from the curb without looking back, cutting across stop-streets, and cutting across restricted highway districts.

Among aged people we find a general physical breaking down in reaction time and perception and then we also have in the case of those with good attitudes over-cautiousness which results in obstructing traffic and getting in trouble. These examples can be extended to a great extent, but I think that the number of illustrations which I have given will point out that there is at hand a new technique for examining for personality and attitudinal difficulties.



The report which I have here given is perhaps more suggestive than ponderous. It will take many years of research by all of us in many countries to develop techniques for measuring these statics and imponderables, the presence of which is now just beginning to be detectable.

## Abstracts from Current Literature

### A - Psychoanalysis

THE SOCIAL NEUROSIS. PAUL SCHILDER. *Psychoanalytic Review*. 25: 1-19. Jan. 1938.

The term is defined as "a neurosis dominated by suffering through social contacts" and is considered as a loose, clinical entity. The basic mechanism involved is an increased tendency to self-love and self-admiration reflected from admiration and love given by the parents. Admiration obtained through social contacts proves to be insufficient to maintain the admiration and love originally given by the parents, consequently, there is a reflection upon the individual himself to make up the deficiency. Social suffering occurs, however, only when the individual has been placed in a masochistic attitude which needs to be perpetuated in suffering. Aggressive demands for love on the part of the parents combined with strictness are particularly effective in bringing about the passive state in which social suffering occurs. Anal, homosexual, exhibitionistic and eurethral trends may be present. The masochistic attitude of the individual suffering from social neurosis, of course, is based on the dependence of the parent of the opposite sex. Shyness prevents the individual from talking freely so that he functions below the intellectual and emotional level of the personality. In some cases, complete blocking may occur. The individual in question may prefer to remain silent because of the fear of anything he might say being banal. His feelings of inferiority are that he is intellectually below standard and that he is physically unattractive. He blames himself rather than others for any failures to accomplish a given task. The physical syndrome is that of fatigue, low-pitched voice without inflections, awkwardness of posture and gait, occasional stammering and a blushing selfconsciousness toward the opposite sex. Efforts may be made to dull the distress of social inefficiency through drinking. The author discusses a series of eighteen cases studied over a three-year period. The group was closely related to similar groups showing stammering and erythrobias and, therefore, suggestion is made that these two groups, in conjunction with the group under discussion, be included in the triad of social neuroses.

One of the several cases discussed may be briefly outlined as follows:

*Case No. 1*, a tall, good-looking man, aged thirty, complained of being constantly tired, insomnia, impotence and in general feeling like "an empty shell." He avoided social contacts and was especially shy in the presence of women. He was brought up with a sister and cousin and had no play life with boys. Physical contacts were obtained by wrestling, and boisterous behavior with the two girls who were about two and one-half years older than himself. Masochistic fantasies, such as being stamped upon by his playmates were freely developed. His mother displayed aggressive love toward him and was always bathing and powdering him during his early life. The father was energetic but tactless and very strict with the children. The patient often dreamed that his father was hermaphroditic and in his dreams he attempted to have intercourse with his father. Play with the two girls took a distinctly anal trend. He had his first heterosexual experience at the age of twenty-five. He married at that time and was divorced one year later. The marriage was forced upon him by the girl after the sexual relationship had occurred. Because of his shyness and feelings of weakness and fatigue

he felt that other men should give him special consideration. In his relations with women, he felt that they should give him deep love and admire him and be willing to drop the relationship when he was through. The author's comment on this case is to the effect that masochism was displayed early through the fantasy of being tramped upon by his girl playmates, the aggressive tenderness of the mother and, finally, the woman whom he loved and by whom he felt he was mistreated. Throughout his later love life, he wanted to play the part of the person who was superior, to make the love object subservient to him and to discard the woman whenever he was through with her. His preference was for weak love objects because then he could act as their protector and make them suffer. In turn for his suffering, he expected love freedom for sexual pleasure, financial security and independence from any competitive struggles. He was quite narcissistic and carefully avoided any distress that would encroach upon the love of his body. He over-evaluated beauty and was fearful of any impairment of his attractiveness. The seeking for potency took the form of a strong desire for knowledge. Fear of castration was shown by an unusual phobia concerning any injury to his eyes.

In general, these cases were inclined to be good-looking or to have special talent and, therefore, to receive considerable erotic gifts from the parents in the form of attention and over-stimulation. The increase in narcissistic libido is the consequence of object libido being invested by the parents in the child. The child himself is the passive object in this process and the masochism that is acquired is reinforced from other sources such as strict aggressiveness on the part of the parents or excessive tenderness and aggressive fondling. The basis of social neurosis is thereby laid. Strictness may lead to excessive punishment and spanking may result in over-stimulation of the genital zones. If the main pressure is brought to bear by the parent of the same sex, homosexuality may be combined with a masochistic attitude. The desire for social recognition may bring out many inferiority feelings such as being too fat, tall, thin or having a blotchy skin. The individual himself who frequently is addicted to masturbation may blame his troubles on that act. Obviously, however, shortcomings are merely used as explanations when the environment no longer satisfies the exaggerated infantile demands made upon it. Somatic symptoms may be expressed in various symbolic ways. It is characteristic that his social contacts are levelled. Everybody's admiration and appreciation are desired and consequently, an ingratiating approach is made to them. Stage fright before audiences is common. The same emotionalism is displayed when he is approached by one of the opposite sex. Direct aggressive actions and behavior are rare on the part of these subjects because feelings of inferiority are paramount. The castration anxiety always present, becomes important only when it seems a part of a passive, homosexual attitude. Unconscious feelings of guilt are moderately developed.

V. C. B.

CONTRIBUTION TO THE STUDY OF THE JEALOUS DELUSION OF HOMOSEXUAL INFIDELITY.

DANIEL LAGACHE, *Archives Internationales de Neurologie*. 58:97-108. July, 1939.

In the great majority of cases of jealousy, the love object is of one sex and the jealous individual and his rival belong to the opposite sex. Rarely the rival and the love object are of the same sex. The author's studies are concerned with such delusional trends and a series of eight cases clearly indicating the homosexual relationship between rival and love object are clearly presented. From a psychoanalytic point of view when the woman is suffering with the delusion that the man she loves is unfaithful to her in a homosexual manner, the mechanism in force seems to be brought out especially by the dread of man, generically speaking, and his rivalry with man as the result of the desire to castrate the man, to be a man herself and perhaps even to penetrate into man in the masculine relationship. With the case of the man suffering from jealousy for a woman whom he has believed to be homosexually unfaithful, the accusation of homosexuality seems to have for its origin fear and disgust of the woman and the dread of being castrated by her (passive attitude in contrast with the active

attitude assumed by the woman who suffers with such delusions). In delusions of this nature, there is not the desire of changing one love for another, nor even of having two lovers, but it is an attempt through the mechanism of projection on the part of the patient to identify himself homosexually with the rival. In the case of the woman patient, it is necessary for her to be a man and to incorporate herself into one. With the woman, the idea of homosexual infidelity is in agreement with her general belief in the solidarity of the sexes. In this way, identification with the opposite sex is made. For her, heterosexual interest for the masculine rival to her love object's affections is not enough in itself. One may speak of the projection of unconscious homosexuality which, occurs in such cases, but in addition there is exaggerated penis-envy which precedes the fantasies of sexual aggression.

The author in comparing the mechanism of the ideas of heterosexual infidelity with that of homosexual infidelity calls attention to the fact that in the former the rival and love object are in accord and exclude the victim. In the latter, the victim identifies herself with the rival and thereby is enabled to participate in the situation. In the former, accordingly, symbol and interpretation are separated, in the latter they coincide. It is logical to conclude that a latent state of homosexuality is present and precedes the formation of the delusion of homosexual infidelity.

Of the several cases presented in detail, one or two may be mentioned briefly. Case one illustrates the projection of the idea of homosexual infidelity in terms of saphism. A chronic alcoholic male suffering from paranoid deliria was an innkeeper. The patient developed the delusion that the hotel guests wanted to sleep with his wife. His wife in turn, he believed, rejected him and demanded perverse sexual acts such as anal coitus and saphism. This was repugnant to the patient and as a result he became impotent. He felt that his wife was taunting him for his impotence which, in fact, was due to his excessive use of alcohol. He did not attribute it to this, however, but felt that his wife was poisoning him so as to destroy his virility in order that she might be intimate with hotel guests. The jealousy in this case, therefore, was not directed against a feminine rival, but rather against a projected culpability to his own intemperance. The patient felt that the perverted evil traits of his wife brought on his sexual impotence.

Case number two (fifth case in author's series) is that of a paranoid schizophrenic, age thirty-two, whose psychosis began four years earlier. Abandoned by her father at the age of seven years, she spent a wretched childhood. At the age of fifteen, she was violated, and since then believed herself to be abnormal. Referred to herself as possessing "counterparts." The gist of her delusions was that of homosexual infidelity on the part of her husband and an idea of a change of sex on her part. She reproached her husband for running around with other women and having homosexual relations. On the street she felt she was followed by a blond man. When she was in the toilet, she had the feeling that she was a man. She couldn't bear intercourse with her husband because she felt it was nasty and dirty. The choice of a homosexual rival in this case was not of especial significance. The perversions of married relationship favored the development of the idea of homosexual infidelity, but the systematization of the delusion and the constant repetition of the same theme as well as the exclusiveness of the jealous idea show that a personal idea of reference came into the picture. The accusation brought against her husband of the perversion of pederasty permitted her to concentrate interest in the anal zone and of anal penetration manifestations. Various events, insignificant in themselves, took on in her opinion the feeling of aggression by man. Oral fixation on the mother and a tendency to homosexual cleavage is clearly evidenced.

V. C. B.

SOME UNCONSCIOUS DETERMINANTS IN HOMICIDE. P. R. LEHRMAN. *Psychiatric Quarterly*. 13:605-621. (Oct.) 1939

Murders, from a psychological viewpoint, have the emotional value to the perpetrator of partial suicide because the victims embody a hated and forbidden part of

the murderers' instinctual drives. The neurotic symptom of murder has a fusion of instincts and libidinal elements accompanying the aggressiveness. The act itself is not only a physical aggression, but part of the force is transformed into a type of suffering which has the aspects of mourning. The author infers that in the case of murders committed by schizophrenics, the stage is set psychologically for the devouring of the victim. Since this act is not actually fulfilled but is accomplished unconsciously, there is an oral deprivation with an intensified oral need. The victim appears as the earliest undifferentiated mass or oral incorporation. This particular quality imparts to the psychological murder its element of suicide. In the earliest phases of ego-object relationship the victim is also the representative of the assailant. The author discusses two cases.

Case one is that of an unmarried male, age thirty-one, who killed his best male friend at close range with a shotgun. The patient masturbated constantly since the age of fifteen until three years before the murder at which time the cessation of the practice led to a heightened asceticism with oral erotic dreams and emissions. He was a considerably withdrawn individual who had never formed any real friendships and had had no heterosexual experiences, but imagined that girls fell in love easily with him (erotomania). Incestual fantasies concerning his mother were brought to a sharp focus through an incident which involved his father also. A tenant on the farm, according to the father's belief, was trying to seduce his wife. The father told the patient and the two of them worked up considerable emotional feeling concerning the situation. When the father first brought this to the son's attention, the son became deathly sick and vomited (fear of the father accusing him of intended incestuous relations with his mother - castration fear). The patient tried to solve this problem by setting up a substitute plan on the outside through an association with the sister of his best friend. This did not come to its logical conclusion ending in marriage and the establishment of a home, but unfortunately for the patient he was driven away by the brother. The girl became pregnant through another man but the patient felt he was to blame for it. The author emphasizes the tendency of the patient to blame himself for fancied or actual happenings to other people. The element of sibling rivalry was introduced into the scene by the birth of a brother who took the place of the patient in the mother's affections, thereby driving another wedge into the separation. Accordingly, the murdered victim through unconscious elaboration in the mind of the patient became a fusion of the rival sibling, parent and himself. In murdering his former best friend, who was the prototype of his own guilt and also represented the sibling rival, the patient likewise killed himself, that is to say, suicide murder. The patient had been in a state of some indecision for sometime, but the evening preceding the murder he saw a moving picture in which the basic feud of sibling rivalry was dramatically pictured and a solution through murder gave to the patient an idea of the way by which he could end his own trouble.

Case two was a shy, timid, withdrawn man of thirty-eight years of age, seduced by another boy at the age of nine and masturbated excessively ever since. At the age of twelve, the mother ran away from the father and the patient witnessed the erotic overtures between the mother and her new admirer. Through his efforts, he was able to get his mother and father reunited, but the psychic trauma was so great that he never recovered his sexual and social readjustments. At the age of thirteen he had spinal meningitis which left him somewhat frail. His mother tended to spoil him and in the end made him a moral masochist which severely crippled his masculinity. At the age of sixteen he allowed an older man to seduce him receiving gifts for fellatio and mutual masturbation. One year was spent abroad in musical study which permitted him to escape temporarily from parental bonds. Upon his return to this country, he attempted to establish heterosexual relationship with a prostitute, but found himself impotent. Finally, a girl seduced him, she became pregnant and he married her secretly as a result. The marriage relationship was marked by periods of continence alternating with wild orgies of a perversive nature with his wife. Religious fanaticism developed out of the situation and in the withdrawing of his libido from

the environment, he became so inefficient in his work as a musician that he lost his job. Flight into neurotic illness was evidenced. In spite of repeated attempts at suicide and asking a casual acquaintance at one time to crush his skull with a hammer, his wife would not sign commitment papers because she was afraid he would be deported because of being a non-citizen. In murdering his wife with a hammer he felt that he would satisfy his desires for suicide in a passive way and that his children then could get the care and love of the State, at the same time ridding himself of his wife. He felt that his wife was accusing him of a lack of virility and that she was against him. Through religious fanaticism he was seeking forgiveness by expiation which gave an external means for gratification. The menace which unconsciously he felt was endangering himself from within was nullified partly by hypochondriasis and partly by asceticism and deprivation. Psychologically, it was accomplished through the formation of the delusions of guilt and persecutory ideas.

V. C. B.

VARIETIES OF HOMOSEXUAL MANIFESTATIONS. GEORGE S. SPRAGUE. *American Journal of Psychiatry*. 92:143-150. July, 1935.

A broader concept than homosexuality being considered merely as a perversion is necessary since it is widely existent and varies in intensity even in the same individual. It may even be replaced by heterosexuality as the opportunity offers. Homosexuality is manifested either as a physiological-structural phenomenon or on an instinctive-structural level. As a constitutional phenomenon, it is linked with endocrine variations affecting body structure. The tendencies exhibited at any moment are the result of all forces coming into play in the personality development of that individual during the past. The type of infantile strivings often indicates the form in which late sexual manifestations may occur. The choice of the homosexual partner is not made on the basis of gratification but upon inward needs of the homosexual himself. The present status of such an individual is either peak development for him or represents a regression from a more matured pattern. The selection of a partner by a masculine woman is apt to be feminine in type, - also, a homosexual in his own make-up. The reverse is true, of course, in the case of the feminine man. A woman marrying a docile husband shows more homosexuality than one who marries a dogmatic, aggressive man. Variations modifying the total response in either case are determined by gratification in other than homosexual pathways, namely, the patterns of self-control, morals and ethics characterizing the personality make-up of the individual as well as public opinion and, attitude toward his environment. Homosexual manifestations are limited. They may appear either as overt misconduct, or in sublimated form (for example, teacher in boys' school, professional boxer, designer of clothing) or as frank psychosis with sacrifice of appreciation of reality. When homosexuality is present in a psychotic, one must consider whether or not that manifestation is primary or secondary. In other words, does the conflict of the individual over his homosexuality produce the psychosis or does the psychosis allow latent homosexual trends to appear. These phenomena are especially evidenced in the alcoholic psychoses and in certain of the catatonic schizophrenics. From a therapeutic viewpoint, one must find homosexual tendencies as early as possible if they are to be treated successfully. Certain indications of those tendencies can be noted in individuals who show no particular overt behavior (for example, the masculine type of woman boasting loudly of her strength, the husband being potent only when he is intoxicated, unusual worry by a man who feels disturbed over the physical presence of another man, anxiety over prospective marriage). One must be careful to evaluate these trends for what they are worth and to relate them to certain basic reactions according to the essential types of research.

The author has listed eleven homosexual types of reactions which are quoted herewith:<sup>(1)</sup>

<sup>(1)</sup>Permission to quote these granted by the Editor of the *American Journal of Psychiatry*.



- (1) I want a man homosexually. Here is recognition and acceptance of the homosexual instinct without deviation.
- (2) I want a man, but on a guarded basis. In this case there is a limitation, a partial suppression of homosexuality.
- (3) I want a man, but not homosexually. This is another form of denial, less acceptant than type 2, but more so than the following.
- (4) I don't want a man homosexually. This is a simple denial and repudiation.
- (5) I want a man, but pretend he is a woman. At the expense of delusional loss of reality, there is here a sparing of any guilt over recognition of one's homosexuality.
- (6) He and I have similar, heterosexual, interests. Here a disguised interest is shown in the object's sexuality, but displacement prevents a feeling of anxiety.
- (7) I want many women. These cases are of the Don Juan type which seeks by over-compensation to avoid disquieting self-discovery.
- (8) A man wants me homosexually. Here is seen a projection upon the outside world, admitting the homosexuality, but avoiding responsibility for it. A variant is: I am made to be homosexual, which disclaims guilt but recognizes homosexuality in oneself.
- (9) Others are homosexual, but not I. This form of projection gives still more complete protection against the recognition of one's own involvement.
- (10) Others think I am homosexual. One here partly faces the idea of his own homosexuality, but projects it so as to be better able to defend against it.
- (11) There are great vague forces at work. This most interesting defense avoids the issue still further, by leaving out of clear focus the concept of homosexuality which is not seen, but often replaced by confused notions about gravitation, electricity, world influence, and the like.

The author draws a simile between homosexuality and a bassoon in an orchestra. Sometimes the instrument plays solo, often it gives a distinctive coloring to the general orchestral tone and at times it is silent. "Homosexuality may be regarded as a pulsating, fluctuating coloring of an individual's way of living his life." In the discussion of this paper, several interesting comments were made. Menninger objected to Sprague's remark that homosexuality had periods of quiescence. He felt that it was continuously expressed and that it was not just a nasty little manifestation that pops up now and then. He also felt that Sprague failed to distinguish between conscious and unconscious homosexuality and that some of the indications of homosexuality listed above were barriers erected by the individual against homosexuality rather than evidence of homosexuality itself. Coriat inclined to the dynamic viewpoint and objected to Sprague's theory that homosexuality is constitutional. Psychoanalysis cannot change homosexuality to heterosexuality. It can repress homosexual manifestations and then enable the repressed heterosexual drive to form new object choices. The condition of homosexuality represents an oral regression. Perversions such as fellatio and masturbation activity with anxiety are covers of the repressed homosexuality. Lambert expressed a strong inclination to consider homosexuality as due to a particular constitutional make-up plus the reaction of environment upon the individual. Dynamic influences of environment and experience tend to force certain bisexual individuals in such a manner as to show homosexual manifestations.

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DEFENSE MECHANISMS AND EGO STRUCTURE. T. BENEDEK. *Internationale Zeitschrift für Psychoanalyse*. 23:490-508. 1937.

Freud pointed out time and again that an analyst must act as the representative of the subconscious against dispersing forces. Modern psychologists demand that the analyst assume the role of the superego as a milder agent. The essential part of any analysis is to help the ego to bear the impulses arising from the subconscious and to integrate them. Part of the dispersing forces belong to the ego and they are integrated

in the ego as a defense mechanism and it is their function to equalize the "id" and "outer world" demands in the ego. Another part of the dispersing forces which Freud named "superego" may be considered as the result of the integrating function of the ego, but they are not established and without friction and they often appear as the controlling opponent of the ego. The superego is a state within a state and forces the ego to exaggerate pathologic defense reactions. All previously dispersed desires and imaginations which are revived by analysis are to be worked out by the ego and integrated in this. Integration means that the ego, liberated from the pressure of the dispersed and liberated from the defense of the dispersing forces incorporates the knowledge, identifies itself with the material looming from the subconscious, taking up its proper position. The fact of aggrandizing of the ego is expected from the results of the proper explanation. The result of this elaboration is a further flow of material which helps to confirm the previous disclosures. Sometimes it happens that patients seem to accept the explanation without occurrence of new acquisitions; on the contrary, there appears a stiffening of opposition which is manifested by shutting out the content or by various reactions which must be considered as negative therapeutic affects.

One may observe in every analysis that the ego comes to grips with the conscious part of the superego, the ideal ego and asks of it permission for the analysis. Little of this is found in the literature just because it has been assumed, that it is a natural and constant occurrence. The author studied a case in which the ego was so near collapse that it saw as the only salvation putting off responsibilities. Transferring of responsibilities to the analyst means that anxiety is maintained at a latent state. The neurotic ego structure with impelling forces almost ceases to exist as the superego is devolved on the analyst and the ego becomes dependent on him and thus a good part is made toward improvement.

It is assumed that the most essential work of integration capacity of the ego is the digestion of the Oedipus complex on its downward grade. The result of this process is the genesis of the superego. The dominance of desire and impulse in this situation creates the model for the later dominance of the desires in the relation to the balance of libido between superego and ego. In fortunate cases the libido between the ego and the superego is so well balanced that the superego is incorporated in the ego, but often one finds that due to processes of crowding out or dispersion of processes of identification, the ego lacks libido. Desexualized libido as a result of renunciation of desires finds its recompensation in secondary narcissism and it is expressed as pride and satisfaction in morale and other deeds. Narcissism of the superego forces any idea and any desire and impulse under the control of the superego and its elaboration is conditioned by the relations between superego and ego. As long as this structure between superego and ego is not changed, it will happen that material appearing from the subconscious is confronted by the superego so that the powerful and narcissistic stronger superego forces a dispersion and shuts out the part of the impulse and libido which is directed against the outer world. This the analyst must try to change. The superego is threatened by introversion of material from the subconscious and its force and domination of the ego causes havoc and leads to depression and anxiety.

A tension between superego and ego is often characterized by a feeling of shame and the circle of this is vicious. Its relationship is directed toward exhibitionism and onanism, meaning that it is rooted in libido against which same acts as a defense mechanism. Another type of patient, who is difficult to treat is the narcissistic, sensitive person an analysis of which might be characterized by the words, "I am humiliated." They may humiliate themselves, but do not tolerate humiliation by the analyst.

In general, it is necessary to project the superego and ego in their mutual relations and work against inversion which results in negative therapeutic effects. The author illustrates this splendidly in seven cases. Each case report is followed by a fairly lengthy commentary in which the reasons are set forth.

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MASOCHISM AND NARCISM. J. LAMPL DE GROOT. *Internationale Zeitschrift für Psychoanalyse*. 23:479-489. 1937.

In order to solve the problem of masochism, one has to answer two questions, first, "What makes a person seek masochistic satisfaction which is accompanied by displeasure, suffering and pain?" The second question is, "Why can displeasure, suffering and pain cause pleasure and how can that be reconciled with the nature of desire?" Freud in his work, "The Economic Problem of Masochism," deals with the second question. He assumes as the basis for any masochistic experience the primary erogenic masochism which is an infantile psychologic mechanism which disappears later. This primary masochism, he believes, is a remnant of that phase of development in which the amalgamation of desire for death and eros was so important. It may be considered as the active remnant of the desire of destruction linked to libido. This link to libido makes it representative of the principle of pleasure. As long as there is no other contribution made to the organic nature of the disease, little can be added to this explanation of Freud.

Primary masochism or self destruction does not form a direct observation in practice, since it works in the soul without utterance. An aversion to pain and privation could be noted in children. If they inflict injury on themselves, it is because they are not aware of the dangers. The expressions of masochism are the results of complicated processes of the soul and they belong, as so-called feminine and moral masochism, to secondary forms of masochism. One must, therefore, assume that the primary masochism may not disappear completely and that it may remain in part where, as a result of certain psychic processes, a secondary masochism is superimposed. The mechanism of the origin of secondary masochism is known. The elements of the desire of destruction which are expressed by aggressions against the outer world may secondarily be directed against one's own person.

To understand the mechanism of secondary masochism, it is advisable to study the question of masochistic phantasy which is known to every practical analyst. The phantasy in question is very frequently entertained by little girls who are under the influence of awareness of the sex difference; it appears as an accompanying symptom of masturbation. This phase was explained in a footnote of Freud's work entitled, "Impediment and Narcism." The phantasy centers in the thought, "Once I possessed a penis, but it was taken from me in punishment for onanism (masturbation)." It is known that this phantasy may be maintained until puberty and even in later years and that it may defy persuasion in their analysis of adult women. This phantasy is not shaken by threats and punishment from the outer world or by cruel demand of the superego. The insistence of these observations leads to the conclusion that the painful conception of punishment for a misdeed is easier to tolerate than the admission of the physical defect and of the deficiency which always existed. The concept, "My penis was taken" restores for the past the integrity of the person and it seems to carry with it a satisfaction, but it cannot make good the present disillusion of the defect which constitutes a serious narcissistic grievance. Thus the displeasure must be compensated by added pleasure. This displeasure seems to be compensated by the masochistic pleasure which is rooted in punishment and pain. Thus, the occasion and the origin of the masochistic phantasy of the little girl by a narcissistic grievance was linked to the attempt to attenuate the suffering caused by a narcissistic grievance (defect of the penis). The little girl, hence, seeks pleasure in the picture of punishment in order to spare herself the greater displeasure of the narcissistic grievance. The revolutionary process is explained in the following: the narcissistic grievance causes great anger and the spirit of aggression which cannot be applied to the outer world is used on the person proper for a masochistic pleasure. The result is simple. It must be admitted that there exist close ties between masochism and narcissism. There is also a close link between narcissism and masochism on one side and femininity on the other side.

The study of the genesis of this masochistic phantasy conveys something of great importance to the observer and he becomes acquainted with a great value of narcissic

grievances for the development of the soul. The very fact that the masochistic phantasy of punishment is stubbornly maintained at the time of analysis, shows how intense the results of a narcissistic grievance can be and how much it is desired to deny and cover it. The fact that this grievance in a little girl is linked to an envy of the penis is of great importance and worth further study. One might object here that the appearance of the masochistic phantasy is the expression of a feeling of guilt because of the forbidden aggressive and libidinous desires which are relieved by masturbation. There is no doubt that there are many guilt phantasies which answer this purpose and Freud expressed them in the sentence, "A child is beaten, but the phantasy 'My penis was taken from me' does not originate in the OEdipus phase of the little girl but in the pre-OEdipal phase, in which the superego is not yet developed, as expressed by a real fear of punishment or loss of love." In this phallic phase of the pre-OEdipal phase of development, the little girl shows envy for the penis, narcissistic wants are foremost and the object against which the envy and anger are directed is the mother who is made responsible for the lack of the penis. This attitude results in hatred of and aversion to the mother in contrast to affectionate feeling toward the father in the OEdipus situation. It leads to a transfer of the love desire to the father and thus prepares the way for the OEdipus complex. This situation is of great importance in the practice of the analyst who finds that he has difficulty in treating this problem because of the stubbornness of the patient. To a certain degree, this phantasy is present in every girl, but it is combated. In cases in which excessive feeling exists and in which it may be combined with a very marked "masculine" (bisexual) disposition, it is certain that this protective process of masochism is not sufficient and will lead to neurosis and perversions. The genesis of masochism in men is a much more complicated process considering that it contrasts with "men" and sadism. It is usually called feminine masochism and it is linked to a feminine attitude and passive homosexual tendencies. Narcissistic grievances may exist also in men in regard to the penis because of comparative strength and function. Anxiety of castration in boys corresponds to the envy of the penis in girls.

One of the most difficult chapters is moral masochism which is expressed by a negative therapeutic reaction. These patients are under the dominance and impulse of a desire for punishment. The desire for punishment (feeling of guilt) corresponds to tension between the ego and superego (conscience) and the demands of the superego may be cruel and insistent. There are really two processes, the sadistic attitude of the superego and the masochistic attitude of the ego and both lead to the desire for punishment and self injury. If the analyst is able to assume the role of the superego, the chances for improvement are good, but when the masochism of the ego is predominant, treatment might as well not be attempted.

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THE PSYCHODYNAMICS AND THERAPY OF CHRONIC ALCOHOLISM. ROBERT P. KNIGHT.  
*The Journal of Nervous and Mental Disease.* 86:538-548. Nov. 1937.

The state of chronic alcoholism is a flight from reality which is peculiarly characterized by the patient being able to enter upon a temporary psychosis in which his thinking and behavior are distinctly abnormal. A serious underlying personality disorder is present which usually has its origin in a feeling of betrayal in infancy. The narcissistic wound has never entirely healed. In these cases childhood experiences are such that excessive demands are made for indulgence. The family situation shows the picture of excessive affection on the part of the mother toward her son leading to indulgence and poor parental control. The father frequently takes the mother to task and demands that his son stand on his own feet and become selfreliant. The father may gain his point temporarily, but usually his pressure is not consistently maintained and in the long run the mother makes severe inroads into the son's personality. Temper tantrums are frequent because, despite the excessive indulgence, there are frequent occasions for frustration. In adult life these demands, of course, are denied with the

resultant reaction of frustration. The thwarting of desire may result in intolerable disappointment and rage or as hostile acts and wishes against the individual whom the victim thinks is thwarting him. Out of this situation grows the feeling of guilt and the masochistic need for punishment. The individual has to have reassurance against his guilt feelings and the fears of destructive masochism as well as the consequences of his feelings of aggressive behavior. The reassurances he so strenuously desires are need for affection and indulgence of his whims as proof of affection. This, of course, cannot be readily obtained and the individual again becomes frustrated with the onset of aggressive desires and hostile trends, thus completing the vicious circle. The alcoholic, therefore, moves in the path of this vicious circle and finds periodical release from the situation in the form of the use of alcohol. The alcohol becomes a pacifier for disappointment and rage. Also it provides a potent means of carrying out hostile impulses to spite the parents and friends through the method of masochistic debasement. The condition of alcoholism, furthermore, gives the individual a temporary sense of potency, sexual and otherwise as well as control over environment, all of which he does not possess in his sober moments. Alcoholics develop a special technique in their relationships to other people. They are usually glib talkers and likeable individuals, but show marked irritability under restriction. The alcoholic uses the technique of getting into the good graces of other people so that he may get what he wants.

A case is discussed of a young man aged thirty-four who had been drinking during the last ten years. He was the youngest of three male siblings. One brother was alcoholic. The mother was overly indulgent and protective toward him and shielded him constantly from the father. Early oral erotism was established through improper weaning methods. The enmeshment shown by the infant was appeased to an unusual extent by oral gratification which symbolically is equivalent to betrayal by the mother. In this particular case the mechanism, in which open resentment and envy of younger siblings are so prevalent among alcoholics, was not operative. The patient could never be entirely satisfied by his demands upon the mother and, accordingly, he turned increasingly to his father for proofs of affection. The patient reacted to his mother by rage, spite and aggression. The oral erotism was further re-inforced by his father (a physician) who made his son take all sorts of medicines. In this way the patient found himself at the adolescent period to be emotionally immature and to have passive characteristics that made him incapable of achieving normal masculinity and independence. At a later period oral erotism reasserted itself through alcoholism. The patient accepted the widespread belief that hard drinking indicated masculinity. The alcohol assuaged the distress from feelings of inferiority and enabled him to recapture the infantile feeling of omnipotence. There was an underlying resentment and contempt for women which was a reflection of his attitude toward his mother. He tried to establish potency with women as he had done with alcohol. Marriage, however, proved to be an illusion and divorce soon followed. During his drinking bouts he was extremely friendly with men although he had few friends when sober. The homosexual attraction was thinly disguised.

The author's recommendations regarding the therapeutic approach to cases such as the one just discussed are directed toward getting the patient to grow up emotionally. The vicious circle in some manner must be broken. Moralization is the worst possible attitude. The approach must be through the patient's gaining an insight into his emotional tensions. The psychoanalytic technique is the preferable avenue of approach.

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PSYCHOTHERAPY IN PRISONS. H. KOGERER. *Jahrbücher für Psychiatrie und Neurologie*. 53:77 July 12, 1936.

The forensic psychiatry neglected the question what should be done with a prisoner during his detention in order that he should become a useful citizen after his release. The psychoanalytic school of Freud did not solve this problem but it made this question of great social interest. The synopsis of the criminal psychological theory of Freud



is contained in the book by Reik entitled "Gestaendniszwang und Strafbeduregnis." In this work a new psychoanalytic theory of criminal law is being given. The psychoanalysis points out that not only the crime but also the guilty feeling and the desire to be punished is depending on the Oedipus complex. Reik thinks that the result of a psychoanalytic research should be applied to the modern knowledge of criminal law. Furthermore he thinks that any criminal law theory is not complete when not based upon psychological research. The stand which the ordinary human being takes against a criminal is because latent traces of criminology are present in every one of us. The punishment is not only the satisfaction of the subconscious desire of the criminal to be punished, which desire brings about the act of crime, but also satisfies the desire for punishment in the society, which subconsciously identifies itself with the criminal. Kankeleit makes a practical proposition; that psychotherapeutically-schooled physicians should be employed in prisons who should be able to act independently without interference from the prison officials in order to increase the confidence of the prisoners. The individual psychologic school of Alfred Adler, asks the society to take a stand towards the criminal, free from affect and also to convert the prisons into institutions of encouragement (Ermutigungsanstalten). The author recognizes the validity of this demand, but does not consider this as practical. From all the authors Greeff appears to have come the nearest to the solution of the problem. He speaks of "sentiment d' injustice subie en pathologie criminelle" (the feeling of suffered injustice in the criminal pathology). This feeling may bring about the fatal effect in the life of the criminal already in the childhood, as it might influence the development of the personality of the child in the direction to criminology when the disposition is present. The punishment, however, does not reconcile the criminal with the society. The psychotherapeutic experience of the author points out that the confidence between the society and the individual is one of the utmost importance. The feeling of uncertainty is one of the most important factors which brings about the formation of social order. The society depends upon the loyalty of all its members. When an individual is slighted (whether real or imagined) by the society, he thinks he is justified to work against it and this is usually the motive of crime. It is the duty of the society to remove such doubts of the individual and if it finds it necessary to incarcerate the criminal, to strive to regain his confidence. The process of regaining this harmony is a very difficult one and it is only possible if the stand of the criminal towards society could be thoroughly changed and if he could be convinced that he could cooperate with society without disturbing his individuality. This could be only done by a psychiatrist trained in such work who can convince the prisoner that he could be absorbed by the society as a useful member if he earnestly strives for it. It is also very important that the surroundings of a prisoner should be such as to enable the physicians to accomplish this work and also the guards and all other personnel should be schooled in this direction and made acquainted with the psychotherapeutic principles. To understand psychotherapeutic measures one has to consider the cooperation between disposition and environment. We cannot very well change the disposition, but we could influence or change the environment, in order to bring a considerable change in the development of the personality away from criminology. The criminal has to be convinced that his attitude towards society is wrong. Where it is possible, it is important to reveal his mistakes and to convince him that all mistakes committed by his supposed enemies or confidantes are not a valid reason for his criminal act. It is good to show him that his mistakes were unavoidable due to the circumstances and that society is willing to absorb those who recognize their mistakes. As it was pointed out before, the sanation of the milieu is a further step in this psychotherapy. This expression was coined by the psychoanalyst, P. Federn. It is also very important to convince the criminal that the punishment is not an act of revenge. The personnel in a criminal institution must be of the highest order and without fault in their official and private lives. They should treat their inmates not as a social danger, but as waywards who are about to be brought back on the right road. The personnel should not show any animosity, partiality or spite and they should be open-minded. To this effect the personnel should be carefully chosen and should be paid well in



order to be able to devote all that's in them to this cause and not to be apt to be influenced from anyone outside the institution. Periodic courses of instruction would help the personnel to accomplish this difficult task.

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## B - Neuropsychiatry

SOME COMMENTS ON THE PSYCHOPATHOLOGY OF DRUG ADDICTION. ROBERT H. FELIX.  
*Mental Hygiene, N. Y.* 23: 567-582. Oct. 1939.

Prior to 1900 emphasis was placed by investigators of the problem of drug addiction on the so-called "neuropathic constitution," but since then there has been an increasing tendency to consider the disorder as being psychogenic. The author's cases were classified by the Kolb and Ossenfort method into six types as follows:

1. Normal individuals accidentally addicted
2. Individuals with psychopathic diathesis or predisposition
3. Psychoneurotic individuals of all types
4. Individuals without psychoses but with psychopathic personalities of all types including constitutional psychopathic inferiority
5. Addicts with inebriate personalities
6. Drug addicts with associated psychoses

Only types 2, 3 and 4 are considered by the author in his study.

With respect to addicts with psychopathic diathesis, attention is called to the fact that these individuals are not fundamentally anti-social. Their chief characteristic is marginal adjustment before acquaintance with drugs. In other words, the drug is used temporarily to ease these marginally adjusted individuals over stressful periods. There is also a temporary increase in efficiency. The psychopath derives more pleasure and satisfaction from life than the psychoneurotic. He is essentially a hedonist and tries to squeeze from life a maximum of pleasure above the requirements of actual living. Also, he tends to go to extremes to excel in daring and cleverness. The psychoneurotic addict (type 3) takes the drug to relieve himself of any symptoms he might have. Therefore, the pleasure element is reduced to a minimum.

After the first stage of addiction, pleasurable sensations become replaced by negative sensations. There is always an attempt on the part of the addict to regain the sense of pleasure originally experienced. Much of this is on a psychogenic level and is referable to the fact that the individual was not obtaining originally adequate satisfaction out of the objectives of his fundamental drives. He is caught between the desire and the impossibility of its attainment. Frustration, of course, is caused by this impasse and the resulting emotional tension may not be sufficiently strong to rise into consciousness. It may appear only as a dissatisfied restlessness or a vague depression, or it may take the form of anxiety, obsessions, hypochondriacal complaints or other like symptoms. Some observers are inclined to view addiction as explainable on the grounds of homosexuality. The author, however, inclines to the school of thought that inferiority feelings are the fundamental basis of the trouble. He believes that these feelings, established in childhood, are carried over into adolescence as tensions. In adulthood, the goal of living becomes the attainment of the feeling of superiority. The intensity of the drive toward goal attainment is not admitted into the Conscious and the failure to achieve objectives

will give rise to a sense of frustration unless it can be dissipated by rationalization. These individuals cannot face reality squarely because anxiety and obsessions nullify drives. The physical ill health brought about by the use of drugs enables the addict to "save face," so to speak, because he can rationalize that he would be a successful man if he could only regain his health. A vicious circle is established in the following way: the need of neurotic illness demands the taking of drugs which in turn brings on actual physical collapse. With the onset of physical illness, drugs are no longer needed and with their discontinuance, the body regains its soundness which brings the addict to the point where the neurotic illness re-enters the picture. In fact, the addict may get himself incarcerated in an institution for the purpose of having his physical condition brought up to normal so that he may again indulge in the reverie and satisfaction of neurotic illness. There are many potential addicts in society who do not resort to drugs simply because they have not had access to them. Their makeup is such that they would seek a hedonistic level of a pampered neurotic illness and would avoid stressful periods of life by the use of drugs if they had access to them. Repetition of addiction in a psychopath leads to tolerance to the drug so that larger doses become necessary without corresponding increase in pleasurable effects and a physiological dependence upon it. The addict has a distinct aversion to being set aside from society and, therefore, will bend every effort to avoid detection and consequent ostracism. The need for resorting to all sorts of devices, constant lying and evasions to keep his secret from being found out gives an added anxiety and a feeling of self-depreciation to the troubles brought on by the drug itself. A sense of defeat may result and the individual may either become a fatalist or he may attempt suicide. The use of drugs, of course, is expensive and since increased dosage does not bring adequate pleasurable effects, the addict may resort to "The Cure" so that he may begin all over again at a much lower daily dose and, hence, with much less expense to himself. He becomes psychoneurotic to the extent to which he rationalizes his addiction on the basis of somatic complaints. Modern restrictions have been placed upon the use of drugs to such an extent that the addict finds an exceedingly narrow range in which to secure an acceptable social adjustment. In many instances, he is not equal to the task and in the narrowing sphere of contacts, further internal conflicts in the individual are built up.

V. C. B.

PSYCHIATRIC STUDY OF MURDER IN DEATH PACT. H. TOEBBEN. *Deutsche Zeitschrift für die gesamte gerichtliche Medizin*. 29:443-452. (APRIL) 1938.

On the basis of two cases which the author presents in detail, he arrives at the following conclusions: That the killings upon request happen mostly among lovers, then among married people and nearest relatives. The reasons for such murders are:

a. The motive of sympathy for the person who desires death. Mostly it is the impossibility of marriage which brings lovers to such an act. Sometimes vocational or social difficulties drive them to this act. Among married people the economic situation is the greatest motive. The murder of the partner is considered as a friendly deed. During the World War it happened very often that a soldier would kill a bleeding and suffering comrade upon his request. Occasionally, a soldier would oblige his friend who was tired of living.

b. The perpetrator of a crime can commit his act out of pity, for instance, a physician in the case of a hopeless patient. But here it is borderline case between this act and euthanasia. Also such a deed might be performed out of sympathy for a friend to save him from disgrace.

c. Such an act is also committed by people with paranoic tendencies, especially during the time of puberty. In this group belongs also the wish of mentally deficient persons to end their lives.

d. The phase of insurance enters in this group which enables the survivors to come to the money of which they are in need. Very often will the murderer do it

with willingness because the victim either promises him some reward or even gives him the same in advance for the deed.

e. Even as unbelievable as it may be, it happens that superstition may be the motive. Leppmann tells of a case of a non-commissioned officer who, out of pure wish psychosis originating superstition, asked a soldier to kill him expecting to be re-incarnated as a rich man.

It appears that among those who desire such death, the emotional side of their soul life is expressed more than the rational one. They are no more masters of their feelings and are unable to suppress their great desire for death.

At the conclusion the author discusses the forensic importance of this act in the German law.

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SUICIDE AS A MURDER MOTIVE. JUR. H. VON WEBER. *Monatsschrift für Kriminalbiologie und Strafrechtsreform.* 28:161, 1937.

Suicide as a murder motive is practically non-existent in our time. In the Eighteenth Century, however, it was quite frequent. In this work, thirty cases of such murders are being described. The motive, however, was indirect suicide. These individuals were tired of life and committed murder in order to deliver themselves to justice with the expectation and hope of being sentenced to death. The first known case in the literature happened in 1652 in Sweden. It was that of a mentally healthy Swede who, up to that time, had been considered to be a straightforward, honorable man and who killed a four-year-old boy for no reason. When brought to justice he admitted his guilt and asked to be sentenced to death. He said that he committed this murder because he wanted to find a sure way to external peace. Singing religious songs and of happy mood, he went to his death. The first such cases were punished by death because the law did not have any other provisions for disposing of this type of cases. But in the second half of the Eighteenth Century, there came a change. The uselessness of capital punishment in these cases was realized because this was the aim of these criminals and it only spurred them to commit crimes. It was by no means the way to deter them. Therefore, the judiciary tried to amend this law and for such crimes life imprisonment in place of death was recommended. The victims of these candidates for suicide by murder were usually children especially idiotic ones. In the countries where incendiaries were punished by death, this type of crime was preferred by the candidates in order to attain their aim. In Austria, blasphemy was a crime punishable by death and it was often selected by these aspirants. A case in England is described in which a wealthy candidate for suicidal murder falsified a check in order to be punished by death. In changing the law there was, however, the danger of ordinary murderers pretending that they committed their crimes for suicidal purposes in order to escape the just death penalty. Therefore, such countries did not change the law. Most of the candidates for suicide were usually of a depressive nature and tired of life. Because religious sentiment was much deeper in mankind than it is at present, and they believed it would lead them to purgatory, they did not dare to commit suicide. Although the act of murder was also a crime, the remorseful murderer was assured of Divine forgiveness. In other words, religious conception encouraged this type of criminality. With religious enlightenment and the disappearance of deep religious sentiment in the second half of the Nineteenth Century, it is to be noted that suicide-desiring individuals perpetrate this act. Murders and suicides which are the result of disappointed love, revenge or economic stress which now a days are so prevalent, do not belong to this category. Even today this problem is not entirely solved. For instance, one who commits a crime in order to be imprisoned to escape hunger which so often happens belongs to a certain extent to this group.

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SEVERAL CRIMINOLOGICAL VIEWS CONCERNING THE SEEFELD CASE. J. LANGE. *Monatsschrift für Kriminalbiologie und Strafrechtsreform*. 28:37. 1937.

Seefeld, the homosexual mass murderer, was found by the court, to be perfectly responsible and was sentenced to death. Seefeld, Haarmann and Kuerten were three sexual mass murderers in Germany in the last decade. It is common of the three that following the first murder, there was a long interval, but following this, the murders were committed one after the other. The first murder in all three cases was decisive. The following murders showed only an increasing virtuosity in carrying them out. It is typical of the three murderers that after their first acts, the fear of annihilating human life did not exist. It is also characteristic of the three murderers that they committed their acts in the same stereotyped way. Seefeld enticed his victims always in the same manner, in the same place and used the same excuses when apprehended. The same applies to the two other mass murderers. An expression of "automatisms" was coined and by it a pathologic creation of murder was understood. The author, however, does not consider this correct. He compares these automatisms with the ones in our everyday life, for example, the way we always make our ties. He does not consider the automatic way as a pathological one. The capability of these murderers to always observe the circumstances and remember them, proves that their conscience was clear. Characteristic of all three is their vanity. Kuerten even used make-up in order to appear young. Seefeld carried with him a brush in order to appear clean. All three murderers knew the ethical values and tried to pretend them. In their lives we find everything that is characteristic of the ruthless (*gemuetlose*). On the basis of this characteristic, the sexual make-up becomes important. Heredity plays an important part in all three cases. Kuerten's father was punished because of incest. Haarmann's brothers were imprisoned because of sexual crimes and Seefeld's son was also punished for a homosexual crime. Seefeld strived and arranged his life to satisfy his sexual desires. Such type of life is characteristic of a grave psychopath. Although the author considers all three as very serious psychopaths, he condones, however, the sentence of death. It is necessary, however, to protect society.

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THE SENILE SEX OFFENDER. JAMES M. HENNINGER. *Mental Hygiene, N. Y.* 23:436-444. JULY, 1939.

Five per cent of all male sex offenders (exclusive of fornication and bastardy) are senile men. When children are taken into account, 12 per cent of those accused of sex crimes are senile. The symptoms of senility may vary from slight memory defects for recent events to profound dementia. Often this deterioration is accompanied by rape, indecent assault and exhibitionism. It is not an unusual occurrence that individuals of high social, financial, and professional station become victims of this disorder. The problem of disposition of such cases accordingly becomes extremely involved. Various theories as to the causation of sex offenses in connection with senile deterioration have been offered. The organic background is well recognized but in connection with this there seems to be an increased libidinous urge at a time when it is futile. It is an expression of the unconscious in an aging organism which has a forlorn hope of bringing forth dependents. The attack against children is merely expediency to be explained on the grounds that it is an effort on the part of the senile individual to regain his lost youth. In addition the senile progresses to an infantile level popularly known as "second childhood." Associated with this obvious mental regression, which is organic, is a further psychological regression which is in part at least responsible for the fact that sex offenses are perpetrated for the most part against small children, of that age who are the recipient of much of the offender's affection in earlier life. That is to

say, these children represent love objects referable to the period to which the senile is regressing, namely, his own childhood.

Homosexual assaults are common among seniles but there is almost a total absence of offenses against women. Much of the sex behavior of seniles is only sex play. The libidinous need of such individuals is satisfied by acts which do not lead to overt behavior.

There is no association between the degree of mental aberration and the likelihood of committing offenses. Prognosis therefore becomes most difficult. Psychiatrists should seek diligently for delusional formation which may be quite latent. The author uses a combination of the Stanford-Binet, Porteus maze, Kent-Shallow form board, and Koh's block design and cube construction. This battery of tests has been modified for the testing of adults. Seniles often have good insight and show comprehension of their various relationships. They seem totally unable, however, to manipulate these relationships so as to bring about an adequate solution of their problems.

The author cites 5 cases and concludes by saying that the problem is more prevalent than is commonly known. Institutional care may be needed in some cases.

V. C. B.

SOME UNDERLYING EMOTIONAL FACTORS RELATED TO CRIME. J. S. PERRY. *Medical Record*. 146:77-80. No. 2 (JULY 21) 1937.

The importance of emotions as related to disease has been recognized by the medical profession, but the part which the emotions play with reference to crime has just recently come under careful observation and thorough investigation of organized medicine.

There is a wide range of criminal acts committed in the human family varying greatly in intensity. This range begins in the home with domestic relationship and extends into the community, city, state, nation, and world. In every phase of life, the emotions of man are being played upon and crime runs rampant.

Education and religion have placed some restraint upon the degrading emotional reactions but the best approach to the situation must be made by making a detailed analysis and careful study of all the factors which are involved with the individual and the resulting acts of lawlessness contributing to delinquency and crime. Probably the human emotions are the most important factors existing in the situation.

Emotion is difficult to define yet many definitions have been offered by various authorities, each giving his opinion as to what it seems to be as he views it.

The emotional concept is fully recognized by psychology, and it has been shown that many offenders who had a high rating in mental tests, were found to have disorders which were directly traceable to emotional disturbances and that the criminal acts which were committed by them in later life, even though outwardly as intentional and deliberate, yet actually done in satisfaction of emotional needs, created by early experiences.

The word "crime" in this article is not used in the usual sense of conviction and imprisonment but rather to mean the anti-social feelings which are shown by a wide range of emotional reactions. These anti-social feelings are involved in a constant conflict of emotional values in which domination is sought for present and future individual interests.

Emotionally unstable adults have accentuated the existing handicaps of children and thus have provided a fertile field for this growth of unhappy relationship with the accompanying resultants of delinquency and crime.

The high school age group has the highest expectancy of mental diseases which emphasizes the point that there are psychiatric implications involving the emotions. Since personality changes are characteristic of adolescence, where situations are dominated by the emotional element, a careful study of early trends should be made with regularity for the purpose of discovering the factors which are detrimental to the



shaping of personality types. Many nervous breakdowns in both college and graduate work are attributable to emotional disturbances which are accentuated by a lack of sympathetic understanding and appreciation of the value of an integrated human relationship.

The three spans of the human cycle seem to conform in a normal way to the internal glandular mechanism and it is contended that the adjustment of the individual to environment depends upon the balancing of this mechanism. This adjustment in part involves failure or success in competition, and the presence of a variety of psychoses and neuroses, as well as other modified psychological abnormalities.

If the inner life in general receives severe shocks, a neurotic state can be produced in every individual, and this neurosis might appear in many forms with various symptoms and phases. It is maintained that a psychosis or a neurosis can result from a nervous system which has been disturbed by certain occurrences in previous life.

Karpman maintains that psychotics and neurotics because of having distinctly different personality make-up tend to react differently to similar situations. The neurotic reaction indicates emotional deficiency, while the psychotic regressions indicate emotional deterioration. The differences of neuroses and psychoses are both quantitative and qualitative but emotional disturbances are common to both.

Treadway feels that all disturbances should be studied carefully to determine whether they brought the individual into conflict with the laws of society and insists upon the earliest possible recognition of mental reactions involved in late social maladjustment. Behavioristic trends in personalities are indicated by mood disturbances and pressure of activity which interferes with social adaptability.

Healy maintains that constitutional peculiarities do not characterize the majority of delinquents and criminals, and that no one factor such as constitutional make-up, parental mistakes, lack of church attendance, or failure of education can be rightfully accused of causing delinquency. It is also his contention that certain factors produce conduct trends in non-delinquents but that these emotional tendencies find desirable outlets and satisfaction, even in an unfavorable environment.

The existing basis for delinquency is found in mental dissatisfactions which persist and may have sufficient strength to result in misconduct. It is possible that the misdeed is a relief phenomena with antisocial grudge and mental peculiarities in the background. It would seem that some of these mental aberrations arise from a good background but there may be a strong emotion acting as a strong stimulus forcing the misbehavior. The power of the emotions over the individual determines the wretchedness of existence or the joys of life.

The criminal act formerly was the only thing given consideration, and the actor as an individual was overlooked. Today, we are beginning to recognize and give attention to both the actor and the role he plays. Furthermore we are studying the entire situation with the hope of proper understanding of the prologue to life's greatest tragedy-crime.

Emotion is the predominating theme, regardless of how it originates or culminates, and there is good reason to believe that a thorough study of the emotions as they are related to crime would give us rich reward for our efforts to learn everything possible about this very important and potent force-emotion, as it affects our lives constructively or destructively.

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THE SOCIAL CONDUCT OF CHILDREN OF IMPRISONED PARENTS. HANS MUELLER. *Deutsche Zeitschrift für die gesamte gerichtliche medizin.* 31:316-328. 1939.

On the basis of statistical data, the author proves that the number of criminals is greater among children of prisoners, whether or not they are legitimate, than among children of the average population. It is remarkable that such criminality happens more often among the offspring of prisoners than among children of step-parents who are imprisoned. Out of eighteen such children, there were fifteen who became delinquent



before the age of twenty-five and who are classified as "early criminals." The parents of eleven of these "early criminals" also became criminals in their early youth. The comparison of criminality among children and step-children is best illustrated by the following statistics: out of 74 offspring of the male sex, twelve or 16.22% were punished, of which five or 6.76% were punished more often; out of 85 offspring of female sex, three or 3.53% were punished of which one or 1.18% were punished more often: out of twenty step-children of male sex, one or 5% was punished of which none was out of nineteen step-children of female sex, none was punished.

The author comes to the same conclusion as Kuttner and thinks that it is heredity and not environment which decides the criminality of such children, and he proposes that early special education and supervision be instituted for such endogene early criminals.

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### C - Clinical Psychology

A HISTORY OF LIE DETECTION. PAUL V. TROVILLO. *Journal of Criminal Law and Criminology*. 29:848-881, 30:104-119. 1939.

Scientific method, scientific technique, and psychological insight are present day contributions to the problem of lie detection. Its history, however, is deeply rooted in the cultural pattern of the races. Even the writings of certain religions countenanced lying when a man's life or property was being considered by the law. By the third century B. C., we find efforts to detect deceit by an objective, rather than subjective, manner, *i.e.*, by feeling the pulse. From the days of Christ through the Middle Ages, lying was determined by the ordeal. Its use was based on superstition and religious faith rather than any psychological process by which falsehood is made aware to us. The various ordeals used were: red-hot iron, the balance, boiling water, smelling by the medicine man, and rice chewing.

The early objective methods of lie detection are found in taking the pulse and blood pressure during an examination. Munsterburg in 1908 proposed that courts avail themselves of these methods to determine the veracity of an accused's statements.

In the latter part of the nineteenth century, Galton and Wundt developed association tests and made a slight reference to their use in ascertaining emotions and their relationship to deceit. Mosso, a student of Lombroso's, made an outstanding contribution in his studies of fear and its influence on respiration and the heart. The fear of being detected and its association with bodily change, observations of pallor and blushing, of respiration, of trembling, of facial expression, and various other maladies of deception were within his field of research. Lombroso used the plethysmograph and hydrosphygmograph; he showed a man was innocent of the charge of murder in the former instance and that another suspect was innocent of a charge of robbery but guilty of stealing certain papers by using the latter instrument.

The most subtle technique of catching a liar is by the word association technique. The evidences of mental conflict in this test are: "delayed reaction time, quickened reaction time, repetitions of stimulus words, stereotyped or identical responses to several different words, blocking of response, informative nature of the response, or uncoordinated physical movements." The principle involved is that an idea or word is associated with another idea or word and the manner of their expression in association gives a meaningful picture.

Many techniques have been developed for measuring blood pressure and pulse characteristics, however, the responsibility for these changes has not been determined. Blood vessel dilation and contraction, structure of vessels, heat measurements of the

blood, electrocardiographic recordings, and action currents of the blood are employed. Systolic blood pressure was found to have greater diagnostic value from that of breathing. The development of the polygraphic determination of physiological changes can be attributed to Landis, Larson, Chappell, Darrow, Keeler, and Lee.

The use of the galvanometer in lie detection is of a comparatively recent date. Verguth made word association tests with it, while Munsterberg indicated its application to criminal suspects. The investigator must segregate so that large responses are not indicative of guilt with reference to a crime similar to the one for which he is being tried. Also the interpretations of graphs of phlegmatic and hysterical persons will vary.

In 1933 Enke in Germany classified the character types of persons who took electrodermal tests. Persons who were unstable and had a number of internal conflicts proved to have reactions of great magnitude. This might prove to be of service to the police.

Summers perfected the "Pathometer" and declared it 98% to 100% accurate. Perfection was not obtainable in some cases because of the laboratory technique. The principle was to give three tests and compare the deflections of the pen on crucial and insignificant questions. The last test included three significant questions each asked three times. A diminution of the amount of response indicates innocence. Brill invented the "Brilograf" and he and Summers perfected the "Pathometer." Both of these measure changes in skin resistance.

Some of the emotional criteria existing in electrodermal responses are: (1) Relatively larger magnitude of response during deception than on non-significant questions; (2) Greater area of response in deception than on non-significant questions; (3) A gradually ascending electrodermal response, as an accompaniment of prolonged nervous excitation (in contrast to a gradually descending response accompanying relief of tension.) (Ascent of the line, as recorded in the polygraph record, indicates increase of conductance of external current between palmar and dorsal surfaces of one hand); (4) The last comparatively large fluctuation (only during a control test in which but one of several responses is a lie); (5) A fluctuation having an angle of about 45 degrees, a gradual not a sharp and instantaneous change. (We find that shock stimuli or sensory stimulation such as loud noise, slap on cheek, or thumping of ear lobe, tend to beget a sharp deflection. These are in contrast to such ideational stimuli as are usually involved in repeated questions about a crime scene); (6) Pattern at point of deception may be considerably different from that at any other place in the test. This pattern may involve a deflection of unusual magnitude, or it may consist, indeed, of an absence of deflection; (7) Duplication, on repeated tests, of pattern appearing in first test. This may also involve a similar magnitude of response—in contrast to decreasing magnitude for innocent subjects." In actual case work electrodermal responses are not consistent, though in experimental work they prove 95% correct, hence, further research is necessary.

Many different objective investigations into the problem of the detection of deception have been given. *Involuntary responses* including changes produced by emotion in our blood stream, pulse rate, blood volume, and the dilation of blood vessels; *semi-voluntary responses* including "respiration volume, inspiration-expiration ratios, regularity and rate of breathing, association of words and ideas, facial expression, speech vibrato, motor reaction, and reaction under such narcotics as scopolamine;" *voluntary responses* including "body posture, individualized movements of arms, hands, fingers, feet, legs; speech—its volume, inflection, tone, enunciation, and pronunciation; expression in the eyes; general facial expression, including simulated emotion," offer fertile fields of research on this problem.

No one approach can be used scientifically in detecting lies. What is needed is a classification of types of individuals according to responses, for certain persons react one way and others another, and so on. The weak point in the present system of lie detection is that we are not certain as to exactly which of the bodily processes is most disrupted by emotionalism.

C. D. OWENS, Woodbourne, N. Y.

SOME MAJOR LAWS OF CONDUCT. EDOUARD CLAPARÈDE. *American Journal of Psychology*. 50:68-78. 1937.

Jennings' definition of conduct as "purposive coordination of reactions" is given. A mechanical definition of conduct can not be set up, but certain functional laws can be evolved. Functional psychology prepares the way for structural psychology. The former permits us to formulate certain laws of conduct from which the causal relationships of structural psychology can be deduced. The functional point of view should not be adapted as a finalistic one insofar as the problem of conduct is concerned. However, it can align the phenomena of conduct so that a better perspective can be obtained.

Thirteen functional laws of conduct are offered with an explanation that the list does not claim to be complete. Seven of these are in the category of laws from the springs of conducts while the remaining six concern laws of the execution of action. Each category has subordinate and tertiary points. The whole can be outlined as follows:

I. Laws concerning the springs of conduct.

- A. *The law of need.* This is the fundamental law. It is stated as "a need tends to evoke reactions proper to its satisfaction." Any organism will disintegrate unless the necessary adjustments are made when the internal equilibrium is injured.
- B. *The law of interest.* This law implies that all conduct is commanded by interest.
- C. *The law of momentary interest.* This law states that our conduct is based on the dominant interest at a specific time.
- D. *The law of satiation and disgust.* When a need is satisfied, the objects which satisfied it bring about the contrary reactions of repulsion and disgust.
- E. *The law of the extension of mental life.* There are certain needs (such as organic functions) which are not dependent upon mental life for their satisfaction. The needs which can not be satisfied automatically come under this law. Mental activity supplements automatic satisfactions.
- F. *The law of awareness.* Children find it difficult to point out resemblances but can indicate differences when examined concerning familiar objects.
- G. *The law of anticipation.* This law is a part of the law of extension of mental life. Because curiosity is a part of intelligence, we desire to know in advance of a situation that may never arise.

II. Laws concerning execution of action.

- A. *The law of reproduction of the similar.* Conduct which has proven successful in previous circumstances repeats itself. Memory, habit, and general experience are part of this law. This law functions at all levels of the development of mentality.
- B. *The law of trial and error.* When memories and the law of reproduction of the similar can not be called into play, this law comes into play.
- C. *The law of economy of effort.* Any need seeks satisfaction through the line of least resistance.
- D. *The law of substitution.* When one can not accomplish an end by one means another kind of behavior is substituted. There are five different forms of this law: simple substitution, compensation, symbolic derivation, regression, and progression.
- E. *The law of subjective dominance.* Reality is ignored when it is opposed to the desires of an individual.
- F. *The law of functional autonomy.* The capacity for reaction is adjusted to the needs of an individual. Even children put this law into effect.

No new facts concerning conduct are given. Psychology has been criticised inasmuch as it lacks definite scientific laws. This paper offers a skeletal form for the science of psychology.

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THE INFLUENCE OF PUNISHMENT ON LEARNING. J. M. STEPHENS AND J. A. BAER. *Journal of Genetic Psychology*. 51:209-217. 1937.

A previous investigation by Stephens involved certain situations in which a subject has selected the wrong English word as the equivalent of a Spanish word and is automatically informed of his error. It was found that the subject was less likely to choose that same word in the future than he would have been had he received no information regarding his success or failing. In the previous study it happened that the subject had considerable chance deliberately to memorize the success of his choices, and through drill or inner repetition it was found that punishment (a signal for "wrong") definitely weakened initially strong connections. In the present experiment it seemed best to modify the experiment so that the opportunity for drill or inner repetition would be reduced as much as possible. A second aspect of the first investigation also called for additional treatment. This concerned the matter of punishment, since in the previous experiment the influence of punishment was greatest in the case of those connections which were initially strong enough to persist from one day to the next and suggested the possibility that punishment worked "normally" on strong connections but had slight influence on connections that were not well established. In order to check this possibility an additional means was introduced for determining the strength or degree of certainty of the original choice.

Procedure—Each subject was given the American Council Beta Spanish Test Form A—a multiple choice type. On the first day subjects were told to underline the choice once if it was a guess, twice if it were a "hunch," and three times if they felt rather certain. No information regarding the correctness was available at this time. On the second day the subjects sat at a special table and viewed the questions as they passed under a slot, which revealed at one time one line of print containing a Spanish word and the five English alternatives. In ten seconds the subject had to read the words make his choice and with a stylus punch a hole through the word he selected. As the stylus passed through the paper it completed an electric circuit through a light which revealed through a paper and directly under the word punched either an R, W, a nonsense syllable, or a blank circle of light. The procedure on the third day was precisely the same as on the first day.

Results—For each word punched on the second day data was compiled to answer the following questions:

- (a) Is this a word that was chosen on the first day?
- (b) How certain did the subject feel of his first day's choice?
- (c) What information did he receive on the second day after punching the word?
- (d) Did he choose the same word on the third day?

The information on both items (a) and (b) was to help classify the choices into strong and weak connections. It was found that the influence of "wrong" on strong connections was markedly less when the opportunity for drill was reduced.

Another part of the problem was to see if a different measure of strength would reveal any more definite relation between the strength of the connections and its susceptibility to punishment. Two criteria of strength were used for this purpose, first, the persistence from the first to the second day, and secondly, the subject's rating of his degree of certainty. There were very few choices rated as certain and these lumped with "hunch" choices, giving us guess choices and choices better than guess. Thus each choice could be classified as either persisting to the second day or not persisting and as either being better than guess or mere guess. It was found that in no case can we be reasonably sure that "wrong" really weakens a connection, but with several types of comparisons, yielding differences bordering on significance, some influence is strongly suggested. In fact, though some influences of punishment was suggested in most types of comparisons, in none of these do we find the influence of "wrong" to be significantly different from that of the controls.

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SOCIAL COMPETENCE OF JUVENILE DELINQUENTS. E. A. DOLL AND K. A. FITCH. *Journal of Criminal Law and Criminology*. 30:52-67. MAY-JUNE, 1939.

A careful study of delinquents, individually and collectively, has resulted in certain conclusions which show that the typical delinquent has been underprivileged; has dull-normal intelligence; has by his mentality and educational achievement shown relatively more retardation in verbal facility than in non-verbal aptitudes; has shown himself untrustworthy; and that he has need of "sympathetic social control" during his adolescence.

The above findings might well be summarized by the general conclusion that the typical delinquent is an irresponsible person with much social inadequacy. Up to date, there have been no standard measures of social competence by which this inadequacy could be expressed, but now The Vineland Social Maturity Scale has been developed which is a direct measurement of the social maturity of the individual delinquent. This new instrument should help greatly in the understanding and treatment of delinquency since it provides a description of individual responsibility and social independence by means of age standards of developments which normally appear at specific age levels. In this scale the social capabilities of the individual are given expression through such terms as self-direction, self-help, occupation, communication, locomotion, and socialization. All of these activities are totaled and given as a social age score which may be expressed as a social quotient.

A sample of the Vineland Social Maturity Scale is then shown giving the details covering the six social capabilities just listed. There are 117 specific activities listed under the various progressive parts of the scale, which has a wide range from the simplest to the complex. This social scale has structural resemblance to the Binet intelligence test, but it does not actually test the subject so much as it derives a standard interview report of representative habitual performances which is secured by someone who is intimately acquainted with the subject. Attainment rather than native capacity is reflected by the items on this scale. Standardization has been achieved on this scale by use of normal people from birth to maturity and validation has been secured through experimentation on the feeble-minded, the deaf, the blind, the crippled, in the area of the handicapped. This scale has been used in the public school in the study of individual differences and the classification of the special class children. It is also being employed in the study of growth in normal and feeble-minded subjects.

The present study is concerned specifically with an application of this scale to 91 juvenile delinquent boys at the State Home for Boys at Jamesburg, New Jersey, and was undertaken to find the practical use of this instrument with delinquents whose expression of social competence has been affected by the disciplinary control in an institutional environment. It was supposed that the characteristics of delinquents would greatly affect the social competence as expressed.

All boys at this institution are studied individually and the case histories provided the desired information as to the social, physical and mental capabilities. Also, further information was obtained from the cottage "parents," who were the most satisfactory persons to consult. Each case was studied until sufficient data were made available for proper evaluation. Then the Social Maturity Scale was given to each of the subjects and the results were carefully checked against the informant's reports and the data on the case records.

It was concluded from this study that the Vineland Social Maturity Scale can be used effectively with delinquents in a correctional institution providing the examiner can get suitable information that the adequacy of the examination is guaranteed. The results derived from the scale coincided with those secured from mental examinations on the delinquents, and the social competence were reliably determined. There were no significant differences in social competence between the colored and white subjects. In so far as this group was representative it may be stated that in social competence,



the delinquents are far inferior to normal non-delinquents, with a tendency to fall in the ranges of social competence characteristic of the feeble-minded and borderline. This conclusion is substantiated by observation of and experience with delinquents, as well as other findings from studies where other methods of approach were used.

JAMES J. BROOKS, *Woodbourne, N. Y.*

**SUPERSTITIOUS NATURE OF DELINQUENT AND NON DELINQUENT BOYS.** A.J. TER KEURST.  
*Journal of Criminal Law and Criminology.* 29:226. 1938.

Defining superstition as "belonging to the fringe of our system of beliefs, chiefly in the non-scientific field," the author demonstrates the difference existing in the superstitiousness of a group of delinquent boys and a group of non-delinquent boys. Denying the significance of belief in stereotyped practices such as black cats, broken mirrors and the like, the author believes these beliefs to be far removed from the beliefs of most people. Therefore the items used in this study were collected to some extent from the literature of certain religious groups and to a larger extent from the beliefs of a number of uneducated individuals. The 200 items collected were rated by seven psychologists as to significance in personality adjustment. The 92 items judged most significant were used as a test. A certainty scale, "Very Certain, Almost Certain, Fairly Certain, Uncertain and Impossible," was used by the subjects in indicating their responses.

The test was administered to 95 delinquent boys in the School for Boys, St. Charles, Illinois, and to 78 boys in the ninth grade of the Evanston Township High School, Evanston, Illinois. The delinquent boys as a whole, were a year and a half older than the non-delinquent group and below the school grade of the non-delinquent group. Belief in the various items was assumed if the subject responded as being "Very Certain, Almost Certain, or Fairly Certain."

The mean percentages of acceptance were found to be 39.40 per cent for the delinquent group and 17.75 per cent for the non-delinquent group. Beliefs concerning the animistic role of Nature and evil spirits were accepted by a relatively large percentage of the subjects whereas beliefs involving the crossing of fingers, the wearing of garments, etc., were accepted by a relatively small percentage of subjects. The delinquent boys accepted the beliefs involving evil spirits, the right of property and obedience to the law to a larger degree than the non-delinquent group.

JACK SCHUYLER, *Woodbourne, N. Y.*

**PERSONALITY TRAITS AND CONDUCT OF INSTITUTIONALIZED DELINQUENTS.** ALFRED HORSCH AND ROBERT A. DAVIS. *Journal of Criminal Law and Criminology.* 29:241-244. 1938.

Attempting to determine the relationship between certain personality traits and the conduct of inmates of delinquent institutions, the authors administered the Bernreuter Personality Inventory to 152 inmates (of 15 years or over) in the Colorado State Industrial School and to 181 Colorado State Reformatory inmates.

The personality traits considered as positive in this study are emotional stability, extroversion, self-confidence, dominance, self-sufficiency and sociability. The absence of these personality traits is assumed to demonstrate the presence of the negative traits, emotional instability, introversion, feelings of inferiority, submission, social dependence and unsociability.

A certain number of credit points for proper conduct must be earned by the inmate of the industrial school before he becomes eligible for parole. But as points are awarded for duties not only related directly to conduct but also for type of work performed, it was decided to use the average number of credits lost per month "as an index for judging misconduct while in the institution." In determining the average demerits per month, the basis was the total time spent in the Industrial School. Boys in the institution less than one month were eliminated and the inmates with more than 200 demerits per month were eliminated since they distort the results.



Positive correlations were found between institutional misconduct and all positive traits with the exception of sociability.

Because of the method used in awarding credits and also the large number of men who had no demerits in the reformatory, coefficients of correlation between the average number of demerits per month and personality traits would have been highly unreliable. However, the "mean raw score difference and critical ratios between the demerit and non-demerit groups were calculated" in order to discover the "extent and reliability with which these traits are differentiated between them." The demerit group consisted of 63 cases and the non-demerit consisted of 181 cases. The demerit group was found to possess a larger number of positive traits. According to the magnitude of the critical ratios, the traits rank in the following order: self-confidence, dominance, emotional stability, extroversion, sociability and self-sufficiency.

The authors conclude that misbehavior in both institutions is positively associated with self-confidence, dominance, emotional stability and extroversion. The correlation coefficients for the industrial school boys range from 0.17 to 0.21 in these traits, whereas the critical ratios between groups in the reformatory range from .65 to 2.87. Self-sufficiency is correlated 0.18 with misconduct in the industrial school. The difference in this trait between demerit and non-demerit reformatory groups is negligible. No relationship between sociability and misconduct is evident in both institutions. All this seems to show that the self-confident, dominant and well-adjusted person is "more likely to run counter to institutional discipline than the self-conscious, submissive and emotionally unstable individual." Probably, inmates possessing these positive traits submit reluctantly to regulations, thereby seeking any means possible to assert themselves. According to this study, institutions seem to be unable to provide constructive outlets for inmates with leadership and initiative.

JACK SCHUYLER, *Woodbourne*, N. Y.

#### D - Social & Statistics

TWELVE THOUSAND CRIMINALS. JAMES A. SHIELDS. *Journal of Criminal Law and Criminology*. 28:806-814. MARCH-APRIL, 1938.

The criminal is inadequate in some phases of his personality development. He does not meet the problems of life in an adequate fashion. Because of the large number of individuals who go through the so-called causes of crime, *e. g.*, broken homes, feeble-mindedness, worry, foreign birth, but do not commit crimes, it is safe to say that criminal behavior is not wholly explained by the nature of the stimulus, but is fundamentally dependent upon the inherited characteristics of the individual plus the changes caused by past experiences and disease.

Security is most important to the individual. He must have social security, emotional security, economic security, and if married, conjugal security. For his social security, other people must respect the individual and have confidence in his honesty, sincerity, integrity and loyalty. To obtain economic security, the individual must be able to secure the necessary things for himself and his family and in so doing maintain his self-respect and the respect of others. Emotional security depends on one's ability to harmonize oneself "with those with whom he comes in contact in a manner that satisfies the multiple factors that enter into our being an integrated organism." Crime is an attempt to satisfy the ego, a short cut by those not equipped or capable of taking the longer and normal way of accomplishment.

Of the 3,747 inmates in the Virginia State Penitentiary on July 2, 1935, the age group 20 to 39 years is predominant. The largest number of prisoners is found at the

age of 24 years. Twenty-six per cent of the white males and thirty per cent of the colored males had previously spent time in a penitentiary. If we include those who had spent time in reform schools and jails, then the percentage rises from the average of 28.2 to over 60. In the case of both white and colored males, the majority of the offenses are those against property, whereas in the case of females, the majority of offenses are those against persons. Colored males and females are heavier offenders in crimes against persons than white males and females. For the entire population, the offenses most frequently appearing are "breaking-in," robbery, second degree murder, assault, first degree murder, larceny and burglary in the order mentioned. The most frequent offense committed by first offender white males is second degree murder. For the recidivist, the most frequent crime is "breaking-in," followed by larceny, robbery and assault. In the age group of 15 to 24 years, 61 per cent of the crimes were committed against property. As age increases, the crimes against property diminish, while those against persons increase.

8,484 persons of whom 3,654 were white and 4,830 colored, admitted from July 1, 1930, to June 30, 1935, were studied. Over 60 per cent of these were recidivists if we include all those who had spent time in a reform school, jail or penitentiary. Crime against property accounted for 5,061 as compared with 2,576 convicted of crime against persons. Crime against person is committed more frequently by the colored than by the white. In order of frequency of commission, "breaking-in" leads, followed by larceny, murder, robbery, assault, and rape. The majority of the white offenders have a mental age of 11.5 and under. The occupation of laborer, farmer, truck driver and miner are listed by about two-thirds of the prisoners; miners more often by the white inmates and truck drivers more often by the colored inmates.

Study reveals that most of them have no vocational training and the average inmate's educational accomplishments are nil. It is the young whose crime is that of larceny. With adequate social adjustment and emotional satisfaction, his attempt at material adjustment precipitates his crime against property. The crimes against persons are often the offenses of the mentally limited individual. The group which gets into difficulty the third or fourth decade of life has maintained economic security and his "love security" has not disturbed him particularly, but his social security is the most vulnerable. He commits crimes against persons. The individual in the fifth or sixth decade of his life, has gotten along fairly well in his social security and with his economic security but often sexual incompetency appears and perhaps it is the act of compensation which leads him to the various sex crimes predominating at this age.

Finally, it must be said that the time of a prisoner's discharge should depend on his cure. The courts should determine the minimum sentence and the prisoner's capacity for normal adjustment should determine his maximum sentence.

JACK SCHUYLER, *Woodbourne*, N. Y.

SURVEY OF EXPERIMENTS OF CHILDREN'S ATTITUDES TOWARD PARENTS. R. M. STODDILL.  
*Journal of Genetic Psychology*. 51:293-303. 1937.

Some work has been done on the subject of children's attitudes toward parents, but no thorough and comprehensive investigation has been made up to date. This survey of the field is for the purpose of determining what has been accomplished in measuring children's attitudes, by means of tests and questionnaires. A brief description of the investigations and results will be given.

Back in 1894, Barnes analyzed the responses of 4,000 children, from seven to sixteen years of age, who described punishments they had received. It was found that children accept any of the ordinary forms of punishment, but do object to punishment given, when they feel that they are innocent.

Schallenger analyzed the types of punishment advocated by 3,000 school children. He found that from ages six to sixteen, whipping, sending to bed, and confining, are advocated with decreasing frequency; but such approaches as threatening, excusing,

and explaining, are mentioned with increasing frequency, from younger to older ages. There is a tendency for young children to judge actions by their results; while adults give attention to the motives back of the actions.

Several other investigations were made, such as the following: Goddard, using a questionnaire technique, studied German and American children; Nimkoff, a questionnaire study of 1,336 males and 1,336 females; Lynd and Lynd, a questionnaire study of children's attitudes, as a part of their investigation of the social structure of a typical American city; Bowers, an extensive study of child-parent relationships, with 1,168 high-school and college students; Simpson, an interview study of parent preferences obtained from 500 children; Reinhardt and Fowler, questionnaire study of 40 delinquents, and 40 non-delinquent boys; Meltzer, used a standard form for recording children's free association responses in an interview. Also, he later studied the association responses of children from three distinct socio-economic groups—rich, middle and very poor. Others, also, made similar investigations of various groups of children, on their attitudes toward parents.

It was found from all of these studies, that there is a high degree of dependence placed by children on their parents; but that as they grow older, this dependence is decreased. Unselected school children of both sexes, preferred the mother to the father as a parent of the opposite sex, especially, if that parent is over-protective; children have a tendency to feel that parents tend to prefer offspring of the opposite sex; and younger children show preferences for parents in accordance with what is received from each; children do not like severe and unjust discipline, and prefer greater freedom than parents consider best; personality maladjustments, delinquencies, and unhappiness are associated with very rigid discipline and strict religion in the early home life of the child, while children are more likely to be happy and well adjusted if they come from homes where discipline and religious attitudes are not so strict; young people, not in agreement with their parents, and holding a certain amount of antagonism toward their parents, are usually more liberal in their attitudes on social and moral problems; the nature and complexity of the social environment in which children are reared greatly determines children's attitudes and behavior; intelligence and socio-economic status are less important factors in determining children's attitudes, than family and parental influences, but social status may prove to be a conditioning factor in the situation.

JAMES J. BROOKS, *Woodbourne, N. Y.*

ORDINAL POSITION AND THE BEHAVIOR DISORDERS OF YOUNG CHILDREN. I. S. WILE AND A. B. JONES. *Journal of Genetic Psychology*. 51:61-93. 1937.

There has been much discussion as to whether there is any positive and significant correlation between the birth of children, and their behavior disorders. It has been claimed by Dr. Alfred Adler that the family constellation has its effects upon each member of the family in a definite, individual manner. The present study undertakes to determine the characteristics of children which are predominant in each of the five positions in the family group for the purpose of ascertaining if there is any trait peculiar to a child in a specific ordinal position.

The records of 125 children from two to eight years of age, were selected from the Health Classes of Mt. Sinai Hospital. Then 25 were selected to form each of the following five groups: *only* children; *older* children, from two children families; *middle* children; *younger* children, of two-children families; and *youngest* children.

Age, intelligence, sex, and birth order were studied in relation to the behavior disorders. The following conclusions were reached:

Behavior characteristics are not determined by the order of birth in a family, since less than 48% of the children holding similar positions in like families, show the same behavior disorders; there was no definite correlation between any two symptomatic behaviors in the children studied. Such a correlation would be expected, if Dr. Adler's theory of family constellation actually held true for an ordinal position; the

younger child in a two-child family, and the youngest child in a large family, were found to have similar behaviors; the youngest child and the only child, present the highest frequency of specific undesirable behavior reactions; similar problems are presented by the *older* and *younger* in two-children families, but not in the same frequency. No definite influence is shown by ordinal positions; results of the Stanford Binet scale showed that the children were normal intellectually, in all groups, and several traits, as temper tantrums, quarrels with others, restlessness, *etc.*, were as common among the low I. Q. group as the high I. Q. group. Enuresis, retardation, unmanageability, and speech defects were characteristic of the low I. Q. group only; while food fads, destructiveness, nail biting, and quarrels with siblings, characterized the high I. Q. group; there was no consistent effect of sex upon behavior patterns; only half as many girls as boys were brought to the clinic; it appears that some forms of behavior are related more to maturational levels rather than to ordinal position; I. Q. levels tend to decrease with rising ordinal positions, accompanied by variations of behavior patterns; the size of family and intelligence shows a negative correlation; behavior or personality characteristics are not determined by birth order, but a different environment for each individual is provided by the family constellation; there are specific cases in which this special environment affects individual behavior disadvantageously, but birth order can not be said to have the effect of a determinism.

JAMES J. BROOKS, *Woodbourne, N. Y.*

FACTORS INFLUENCING DEVELOPMENT OF SEXUAL ATTITUDES AND SEXUAL AWARENESS IN CHILDREN. JACOB H. CONN. *American Journal of Diseases of Children*. 58:738-745. OCTOBER, 1939.

The attitude of investigators toward sexual manifestations in children has changed considerably in recent years. Previously, such conduct was considered reprehensible and even perverted, but now it is known to be a normal phase of the personality development of the individual. One experience after another, within reasonable limitations, provides the necessary material for synthesizing sex experiences in the same manner as occurs in every other phase of living. Much of the sexual behavior of children is unnecessarily emotionalized and surrounded by mystery by the parents who, psychologically, impart the wrong kind of information to the curious child asking pointed questions on the subject. For example, the giving of different, fanciful names for body parts and physiological acts imparts to the subject an unnecessary degree of confusion and misunderstanding. The author, in his approach to this problem, uses a technique which he has named, "The Play Interview." The play of the child is directed in such a way that he will use sexual information and transform it into interests which are made commensurate with adult behavior as much as possible. In this way, a transfer from infantile manifestations to adult concepts becomes possible without undue psychic trauma. Some of the material included in "The Play Interview" is grouped about the idea of a new baby coming to the neighborhood, early patterns of courtship, sex play and talk, dreams and fantasies of children with the view of arriving at the physical, intellectual and emotional factors involved. The material is dealt with on a strictly factual basis. The number of questions on sex topics may not be as significant as the purpose for which they are asked. By this technique, sexual information is given in a matter of fact way and replaces sex ideas based on fancies and misconception. The child is made to feel that he is growing up and the importance he gains thereby is utilized by the child as prestige. The average child is inclined to think in terms of what he sees going on about him, so dramatization through play becomes the best teaching method for bringing sex facts home to him. The author has indicated the various age levels at which sexual connotations should be developed:

*Age 4 to 6 years.* A child denies the possibility of a baby coming from the mother's body. He has implicit belief in his mother and lacks contradictory experiences, so the net result is that he is willing to accept the stork, bird or aeroplane theories regarding the arrival of the baby.

*Age 7 years.* He begins to talk with other children and to re-orient himself regarding the source of babies through information gained from other children. His socialization period has started. He brings into this period, however, sexual awareness derived from his earlier experiences and they color to that extent his concepts for the time being. He begins to notice many differences between boys and girls both physically and culturally. He may even have had some specific sex experiences either with the same or opposite sex.

*Age 7 to 9 years.* He begins to lose many of his earlier beliefs and the adult concepts of childbirth are beginning to shape up in his mind in a vague sort of way, "They operate on the mother and get the baby out." The first patterns of courtship and experimentations with interpersonal relationships begin during this period.

*Age 9 to 10 years.* Fantasies about the opposite sex begin to appear, usually to the effect that they are being kissed by some favorite one and they mustn't tell mother about it. Their concept of love is that they are going to marry the favorite one, they want to live with her all the time because she is nice or pretty. At this time, and in some cases at an earlier age level, body sensations and manipulation of body organs will take place. The parents must be extremely careful in handling this problem because threats of punishment, warning of illness or death always surcharge a misdeed with added interest and pleasure. It becomes a forbidden pleasure which is likely to reinforce the act. These fancies may be definitely linked with the opposite sex.

*Age 10 to 12 years.* He definitely begins to think in terms of the opposite sex even of genital contact. He has heard of it, dreams of touching the excretory organs and has many fantasies regarding sexual acts. These are often of a rather fanciful nature, namely, that the blood of the father and mother mix and the baby forms, or, that the baby may fall out of the body, or, the urine of the father and mother mix together and form the baby. Parents may deal directly and in a matter of fact way with a child at this age, for he is not nearly so sensitive and easily hurt as they are inclined to believe. He may be quite matter of fact and can accept brutal truths with considerable equanimity. Perhaps the worst mistake that a parent can make at this level is over-solicitude and over-protection because it deprives the child of the spirit of obtaining more information on sex subjects which is necessary for his active social and sexual growth.

V. C. B.

## E - Medicine & Biology

CRIME AND HEREDITY. FRIEDRICH STUMPF. *Monatsschrift für Kriminalbiologie und Strafrechtsreform.* 29:1-21. 1938.

To understand a crime it is very important to evaluate researches in heredity. There are two factors which are important in the commitment of a crime, namely, the make-up of the individual and environment. The latter is never alone responsible for the commitment of a crime. In double-ovum twins, who are brought up under the same conditions, one of the twins becomes, a criminal because of his heredity and the other one not. In contrast to the above, we find that one-ovum twins show a remarkable similarity of their reactions to environment even if they live separate from each other and under different conditions because the heredity in both is the same. The



author then discusses two theories of crime. The first theory is the "milieu theory" (theory of surroundings) which recognizes the crime as a social phenomenon. This theory is being motivated by the fact that the majority of criminals belong to the class of the proletariat, that crime increases with unemployment and that it is seasonal. This theory is being supported to a great extent by the psychoanalysis and psychology of the individual, because both of these teachings are refined "milieu" theories and claim that all criminal actions are only reactions to surroundings. The second theory is the "Erbtheorie," theory of heredity, which was promulgated by Lombroso, claiming that the criminal is born. This theory has undergone great changes since, but the somatic-organic component of the same is still being maintained. The disposition to crime was compared and held identical with the disposition to psychic diseases. In studying all the work done in this problem of heredity and crime from the psychological, constitutional, biological and clinical angles, one comes to a conclusion which is different from the above mentioned theories. This conception brings out the understanding of personality and its own life experiences as a unity in which the origin of crime is to be sought. Every personality, even the psychopathic one, is rooted in the constitution of the body which plays an important role. It is the cooperation of the brain, vegetative, nervous system and endocrine glands with every single organ. Every personality has a stigma, which is hereditary. The personality is not perfectly understood and education and upbringing are only secondary in importance. Changes in personality in the course of development are possible only within the hereditary disposition, when certain characteristics in the course of life are latent and others are developed. Surroundings have only a slight influence upon personality changes be it normal or criminal. From a biological criminal standpoint, it is not interesting if a person mentally affected comes into conflict with the social order and becomes criminal because he is not responsible for his actions. On the other hand, it is of great importance, however, if a mentally sound person, but with hereditary stigma or one who is predisposed to mental affliction, becomes a criminal. In the first place, the question arises as to whether or not predisposition to schizophrenia, which is the most prevalent type of insanity, leads to crime. Psychiatrists are, as a rule, of the same opinion that the majority of the psychopaths, who were previously described as moral defectives, are considered as schizoid psychopaths. If one has to bring the proof that the hereditary disposition leads to schizophrenic condition and at the same time to criminal action, this can be done only by showing that in the groups of criminals, schizophrenia is increased and, vice versa, in the group of schizophrenics the number of criminals is prevalent. The research in the two fields brought, however, negative results. Therefore, one comes to the conclusion that there is no hereditary biological connection between schizophrenia and criminality. Other researches among the non-criminal psychopaths showed that there is no increase in the endogene psychoses. In other words, there is no vacillation between psychoses and psychopaths. It is common in these criminals that their abnormal hereditary characteristics are observed in their early youth and these can safely be considered as hereditary. The examination of criminals who showed repeated inclination to crime, brought out, on the ground of biological examination of their families, the following usual characteristics:

1. The abnormal expression of will which is influenced by an aim which, can be easily given up for a different aim. Desire and will are very much increased in these individuals. The will power, however, *i. e.*, the ability to one's decision, is very slight. These characteristics as explained by a lack of influence upon these individuals and their frequent appearance in families is due to heredity and not to surroundings.
2. In the second group belongs the hyperthymic type, who shows happy disposition, sanguinal temperament, and abnormal increased activity. Surroundings influence very little such characteristics.
3. The third group is comprised of an hereditary lack of feelings, frigidity and an abnormal sense of unimpressiveness. Among 195 cases of recidivists



are 29.2% without sentiment and 48.7% are normal ones also without sentiment. Among the latter criminals are other abnormalities with outside influences to be observed.

The author agrees with the American author, Healy, that intelligence plays no part because among criminals one finds persons who are very talented. The author brings several examples of one-ovum twins whose criminal actions were not influenced by the outside world and were the same in both twins. The two-ovum twins show in most cases criminals who are only punished once. Outside influences play a very small part among criminals. The author agrees with Healy and his researches of the relation between sickness and criminality, which are expressed in his work, "New Light on Delinquency and its Treatment."

WILLIAM FERNHOFF, *Woodridge, N. Y.*

JULIUS SCHWARZ, *Woodridge, N. Y.*

CONSTITUTIONAL FACTORS IN PSYCHOTIC HOMOSEXUALS. HYMAN S. BARAHAL. *Psychiatric Quarterly*. 13:391-400. (JULY) 1939.

The three questions raised by the author regarding homosexuality are whether or not it is considered as normal or abnormal phenomenon; whether it is a congenital biological reaction or dependent upon post-natal psychological factors; or, finally, whether any constitutional variation is peculiar to homosexuals according to anthropometric studies. The author advises that authorities have a rather confusing opinion on the subject. Hirschfeld speaks of the condition of homosexuality as being congenital and irreversible. Krafft-Ebing call homosexuals degenerates. Brill, Stekel and others stress the psychogenic factors exclusively. Henry and Galbraith draw attention to the feminine physical make-up of a homosexual. Sadler stresses the frequency that homosexuality occurs among groups of the same sex isolated together. The author speaks of Egyptians, Greeks and Romans who openly recognized homosexuality and found no cause for concern in this phenomenon. In many cases, homosexuals were honored for their brilliancy of mind. Homosexuality is frequent among and other vertebrate animals.

The present study covered a series of three hundred forty-two psychotic males. The principle physical data taken included weight, height, intertrochanteric and biacromial measurements, the length of the torso, leg-length and arm-span. A controlled group of fifty male employees was likewise studied. The homosexuals showed a tendency towards comparatively longer extremities, narrower hips, a feminine disposition of pubic hair and scarcity of facial hair. The author concludes that the study showed little evidence that homosexuality is an organic or endocrinological condition. The variations of the anthropometric measurements among the homosexuals were as great as among the normals and therefore such measurements had no significance except in dysplastic types. The author concluded that other traits such as distribution of hair likewise indicated that physical characteristics were not a differentiating factor of homosexuals from normals.

V. C. B.

THE ENDOCRINE GLANDS AND THE SEX OFFENDER. LOWELL S. SELLING. *Medical Record*. 147:441-444. (MAY 18) 1938.

The study was made in connection with the material examined at the Psychopathic Clinic of the Recorder's Court, Detroit, Michigan, and is considered by the author as a preliminary report to a study of twenty thousand cases on file in the court records. One hundred fifty-five cases were reviewed; the series being limited to males between the ages of seventy and eighty-three, residing in fourteen different states and nine foreign countries. The charges of accosting and soliciting, indecent exposure, gross indecency and obscene conduct were present in 71.6% of the cases. Various

rape charges were brought in 12% of the cases. The author concludes that disease of the testicle is not a major factor in the endocrinopathy of the series studied. Mumps were present in 22% of the group which was about twice the incidence shown in comparison with the control group of non-offenders. Among the general major physical defects of one hundred and fifty sex offenders syphilis of the central nervous system (paresis excluded) led with hypertension, hernia and arterial sclerosis following in the order given. In most of these cases the syphilitic infection was more than ten years duration prior to the time of the examination. The author makes a suggestion that abnormal endocrine constitution might be found to be quite prevalent if a survey of the role of the habitus of the entire group were made. A comparison between the non-criminal and the sex offender group with respect to physical make-up (Kretschmer) indicated that the non-offender group showed a decided trend towards the Athletic type, with about three times as much as either the Asthenic or Pyknic types. The Dysplastic type was relatively unimportant in this group. The offenders, however, showed preponderance towards the Dysplastic type with the Asthenic as a close second. The Pyknic group was decidedly less prominent than that of the non-offenders. The author concludes that the tendency towards dysplastic type in sex offenders suggests gonadal hypo-function.

With respect to intelligence levels 22.7% were feeble-minded; 25.3% were of inferior intelligence (dull normal and borderline) and 52% were of normal intelligence. From the point of view of gross personality defects the schizoid type out-numbered any other type by almost two to one. Alcoholism and compulsive neurotic states were tied for second place followed by senile deterioration. The author believes that if the entire material available in the court file were analyzed the percentage of defects would be found to be much higher. He feels that the mental pathology behind this type of crime is a greater factor than unmodified disease.

These offenders were found to be inept in marital relations. The feeling of impotence was marked in nearly every case. Many of the men were timid in their approach to women. The author believes that sexual assaults were made on children because the individuals would not risk the ridicule to which their sexual approach to adult women might be subjected. The mechanism of inferiority, however, was found not to be sexual but rather the underlying feeling that the individual was inadequate in earning a living for his wife or the feeling that the wife was losing interest in him. Those having physical defects (acne, malformations, strabismus) felt that this made them repulsive to women and, therefore, they turned to children who would be less critical of such defects. From a therapeutic point of view the author found from 30% to 40% of indecent exposure cases tended to readjust under proper clinical care. Castration, the author believes, is not effectual as it tends to reopen the feeling of inferiority. The group studied showed relatively few sex homicides.

V. C. B.

FURTHER STUDIES OF ENDOCRINE ASPECTS OF HOMOSEXUALITY. CLIFFORD A. WRIGHT.  
*Medical Record*. 147:449-452. (MAY 18) 1938.

This article is the second on the subject, the first having appeared as a study of twelve cases in the same journal of November 1935. The present study bears out the previous findings to the effect that "all individuals are part-male and part-female or bisexual and this fact is substantiated by hormone assays of the urine." Recent studies by a number of investigators in this field have conclusively shown that male and female as well as gonadotrophic hormones of the hypophysis are present in human urine. In the normal male the male hormone predominates and in the female, the female hormone. The author expresses the opinion that the predominance of these hormones in the body is the basis of normal sexual attraction and that in homosexuals the dominance is reversed. A true congenital homosexual therefore shows endocrine imbalance. Neither the male nor female component, however, need not be unusually high in this reversed

dominated that homosexuality may ensue. Homosexuality bears a close relationship to several other sexual irregulars such as hemaphrodites and intersexuals. The feminine characteristic in male homosexuals is functional rather than morphological. Three per cent of all individuals according to the author are homosexuals. He suggests that this may be a Mendelian recessive trait.

Sexual development is the result of:

(1) Sex determination in accordance with Mendelian Laws.

(2) Sex differentiation which is undoubtedly influenced by endocrine factors.

About the age of five weeks the embryonal cell mass begins to show sex differentiation. In the male the Müllerian structure disappears and in the female the sex tissue becomes inactive and is to be found later in the medulla of the ovary. According to the author there is the possibility of the rudimentary remains of crossed sex tissues becoming active and intersexuality and homosexuality thereby resulting. The irregular production of sex hormones is the probable cause of homosexuality. The use of a potent testicular extract is not indicated in the male but in the female the addition of estrin to the pituitary seems to be indicated.

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SYPHILIS AND CRIME. G. W. CRESWELL. *Medical Annals of the District of Columbia*. 7:194-197. (JUNE) 1938.

Reference is made to the Proceedings of the Conference on Venereal Disease Control government bulletin issued in 1936 to the effect that of the 119,000 individuals studied, 16% were syphilitic. The author gives some of the clinical characteristics of the disease and states that neurosyphilis predominates among males in the ratio of 3 to 1. Child bearing appears to cut down the incidence of general paresis among females. The incidence of syphilis among penal institutions is outlined in part as follows:

State Penitentiary, Eastern Tennessee, 1936	29.3 %
United States Penitentiary, Eastern Tennessee, 1936	21.7 %
California State Prison, 1929	9.21%
Illinois State Penitentiary, 1927	18.5 %
Ohio Penitentiary, 1930	18.9 %
New Jersey Home for Boys, 1935	10. %
Japan, 1936	21.7 %
Salem County Road Camp, 1938	27. %
National Training School for Girls, (total population 49)	34.7 %
Virginia Reformatory, Lorton, Virginia - felons	28. %
Virginia Reformatory, Lorton, Virginia - misdemeanors	14. %
Occoquan, Virginia, female population	42. %

The author draws the conclusion that widespread propaganda for the prevention of syphilis is in order. He states that the United States Public Health Service is undertaking such a campaign in the immediate future.

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